

Board of Directors Meeting in Public

Thursday 28 March 2024 from 13:00 – 15:30
St Joseph's Hospice, Mare St, London E8 4SA

12:15 – 13:00 Lunch
13:00 – 15:30 Trust Board in Public
15:45 – 16:15 People Participation Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Newham CHS Carer Experience	Note		
3	Declarations of Interests	Assurance	All	13:25
4	Minutes of the Previous Meeting held in Public on 25 January 2024	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:30
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:35
9	Audit Committee Assurance Report <ul style="list-style-type: none"> Internal Audit Plan 	Assurance	Anit Chandarana	13:40
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	13:45

Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Deborah Wheeler	13:50
12	Quality Report	Assurance	Dr Amar Shah	13:55
13	Patient Safety Plan	Assurance	Dr David Bridle	14:10
14	5 Minute Break			14:20
15	Performance Report	Assurance	Dr Amar Shah Edwin Ndlovu	14:25

People

16	Appointments and Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	14:35
17	People & Culture Committee Assurance Report	Assurance	Aamir Ahmad	14:45
18	People Report	Assurance	Tanya Carter	14:50

Finance

19	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:05
20	Finance Report	Assurance	Kevin Curnow	15:10

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	15:25
22	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
23	Questions from the Public*		Eileen Taylor	
24	Dates of Next Meeting <ul style="list-style-type: none">Thursday 23 May 2024 (London)Thursday 25 July 2024 (Luton)Thursday 26 September 2024 (London)Thursday 5 December 2024 (Bedford)Thursday 30 January 2025 (London)Thursday 27 March 2025 (Luton)			
25	Close			15:30

*verbal update

Eileen Taylor Chair of the Trust

15:45– 16:15 A People Participation teatime presentation will focus on Mental Health Learning Disability & Autism NEL Collaborative People Participation

Carys Esseen
Robert Hunter
Service Users TBC

Board of Directors Register of Interests: as at 20 March 2024

East London NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

Name	Job Title	Interests Declared
Aamir Ahmad	Vice-Chair (London)	<ul style="list-style-type: none"> • Director and Trustee, Place2Be • Psychotherapy Student, Regents University • Mentor at Mosaic, an LGBT+ young persons charity • Volunteer Counsellor at Naz a charity in West London • Member, British Association of Counselling and Psychotherapy (BACP) • Member, UK Council for Psychotherapy (UKCP)
Dr David Bridle	Chief Medical Officer	<ul style="list-style-type: none"> • Member, British Medical Association • Member, Medical Protection Society • Member, Royal College of Psychiatrists • Member, General Medical Council
Richard Carr	Senior Independent Director (from 1 November 2023)	<ul style="list-style-type: none"> • Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director, East Midlands Development Company • Interim Managing Director, Colchester Amphora Holdings Ltd (from 2023 March) • Chair, Independent Improvement Board that has been appointed to oversee the Cambridgeshire and Peterborough Combined Authority • Managing Director Commissioner for Woking Borough Council Designate (wef 1 April 2024)
Tanya Carter	Chief People Officer	<ul style="list-style-type: none"> • Board Member of the Healthcare People Management Association (HPMA) • Chair of the Healthcare People Management Association Talent Board (HPMA) • Co-Chair of the London HR Directors Network • Chartered Fellow – Chartered Institute of Personnel Development (CIPD) • Member, North East London People Board • Member, BLMK People Board • Member, NHS Professionals Strategic Advisory Board
Anit Chandarana	Non-Executive Director	<ul style="list-style-type: none"> • Director General, Department for Transport (Network Rail secondment) • Member of the Advisory Board Panel, National Railway Museum

Name	Job Title	Interests Declared
Peter Cornforth	Non-Executive Director	<ul style="list-style-type: none"> • Director, Good Way Ltd – music venue operator • Director, Field Doctor Ltd – frozen meals producer • Director, Kind Canyon Digital Ltd – music rights owner • Director, Barking Enterprise Centres CIC – business support • Director, Music Venue Properties Ltd. – community benefit • Governor, John Whitgift Foundation – care homes and schools • Trustee, The Ormiston Trust • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London • Non-Executive Director, Community Health Partnership (Start date 1 November 2023)
Kevin Curnow	Chief Finance Officer	<ul style="list-style-type: none"> • Director of Health & Care Space Newham Ltd a joint venture between ELFT and London Borough of Newham). Start date 4 September 2023.

Name	Job Title	Interests Declared
Professor Sir Sam Everington KBE	Non-Executive Director	<ul style="list-style-type: none"> • Salaried GP of the Bromley By Bow Health Partnership Tower Hamlets (Previously Partner from 1989 to 1st April 2023). The Partnership is a member of Tower Hamlets GP Care group (CIC) • Salaried GP based on the same site as The Bromley by Bow Centre (Charity). • Associate director NHS Resolution 2018- • Non-executive director of ELFT 2020- • Previously director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020-1st April 2023. • Consultant to the National Association of Social Prescribing 2022- • BMA Council member, 1989- • Vice President of the BMA, 2015- • Fellow and Professor of Queen Mary University of London 2015- • As a GP member of the MDDUS - insurance for the GP practice. • Vice President Queen's Nursing Institute 2016- • Vice President and Council member the College of Medicine 2019- • Board member NHS Strategic Infrastructure Board 2020- • Member of the Royal College of GPs • Council member RCGP November 2022- • HEE/NHSE Chair medical apprenticeship steering committee 2020-2023 • Wife: Linda Aldous is a Partner in Bromley by Bow Health Partnership and a clinical lead for North-East London CCG and Director Bromley by Bow Health Limited - joint venture with Greenlight Pharmacy around training of pharmacists in primary Care Sept 2020- • Director and Chair of MEEBBB Health CIC (A Primary Care Network, Tower Hamlets) • Son: Dr Raoul Li-Everington is GP partner in the Bromley By Bow Health Partnership
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	<ul style="list-style-type: none"> • Social Worker registered with Social Work England • Member, North East London Integrated Care Board Mental Health Learning Disabilities and Autism Collaborative Sub-Committee • Member, North East London Integrated Care Board Community Services Collaborative Sub-Committee
Philippa Graves	Chief Digital Officer	<ul style="list-style-type: none"> • Board Member, Digital Strategy Board for BLMK • Board Member, Patient Held Record Board for NEL

Name	Job Title	Interests Declared
Professor Dame Donna Kinnair DBE	Non-Executive Director	<ul style="list-style-type: none"> • Board Member, NHS Race and Health Observatory • Patron, Trinity College Medical Society • Trustee, Burdett Trust for Nursing • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations).
Susan Lees	Non-Executive Director	<ul style="list-style-type: none"> • Vice Chair, North East London Foundation Trust • Non-Executive Director Barking, Havering and Redbridge University Hospital Trust
Claire McKenna	Interim Chief Nurse	<ul style="list-style-type: none"> • Member, Royal College of Nursing
Edwin Ndlovu	Chief Operating Officer	<ul style="list-style-type: none"> • Member of UNISON • Member of Race Health Observatory Mental Health Working Group
Dr Amar Shah	Chief Quality Officer	<ul style="list-style-type: none"> • Director, AS Healthcare Improvement Ltd (private consulting and teaching related to healthcare improvement) • National Clinical Director for Improvement, NHS England • National improvement lead for mental health & chair of QI faculty, Royal College of Psychiatrists • Chair of the expert reference group on quality at NHS Providers • Member of the Q advisory board (Health Foundation) • Council member at the Healthcare Costing for Value Institute, at the Healthcare Financial Management Association (HFMA) • Faculty member with the Institute for Healthcare Improvement (IHI), US and chair of the Scientific Advisory Group at IHI • Honorary visiting professor, University of Leicester • Honorary visiting professor, City University London • Member, General Medical Council • Member, Royal College of Psychiatrists • Wife is a GP on the bank at ELFT

Name	Job Title	Interests Declared
Lorraine Sunduza	Interim Chief Executive (from 21 August 2023)	<ul style="list-style-type: none"> • Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Member of BLMK Bedfordshire Care Alliance Committee • Member of Central Bedfordshire Health & Wellbeing Board • Member of City & Hackney Neighbourhood Board • Member of City & Hackney Integrated Commissioning Board • Member of City & Hackney Health & Wellbeing Board • Member of Newham Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Integrated Care Board • Member of North East London Population Health and Integrated Care Committee • Member of NHS England London People Board including the EDI Committee • Member, Unison
Eileen Taylor	Chair	<ul style="list-style-type: none"> • Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Chair of the NEL Mental Health, Learning Disabilities and Autism Provider Collaborative • Chair of Mid and South Essex Collaborative • Non-Executive Director, Senior Independent Director at – MUFG Securities EMEA plc • MUFG Bank London Branch - Chair Joint Remuneration Committee and Member Audit Committee • Member of the US Democratic Party

Name	Job Title	Interests Declared
Dr Mohit Venkataram	Executive Director of Commercial Development	<ul style="list-style-type: none"> • Deputy CEO of NELFT (appointed March 2024) • CEO and Director, Compass Wellbeing CIC • Director, Health & Care Space Newham • Director, Stratford PCN Ltd • Partner, Leighton Road Surgery • Director, ELFT Charity • Director, East Bedford PCN (from 20/07/2022) • Director of East End Health Network Co Ltd • Member of Apna NHS • Member NEL Finance Committee • Member NEL MH and LD Collaborative • Partner at Leighton Road Surgery • Wife works as a partnership tax manager at Towers and Hamlin
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	<ul style="list-style-type: none"> • Non-Executive Director at North East London NHS Foundation Trust • Board Trustee, Epilepsy Society (member of Audit Committee and Appointments and Remuneration Committee) • Board Trustee and Lead Trustee for Safeguarding, Revitalise Respite Holidays (member of Quality & People Committee) • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Member of NMC Assurance Advisory Committee for Test Competence • Member of Benevolent Committee of the Barts League of Nurses (a charity) • Design Team member for Clarity Crafts, a UK crafting company • Son is a bank employee of ELFT
Cathy Lilley	Director of Corporate Governance (Company Secretary)	<ul style="list-style-type: none"> • None

Board of Directors

DRAFT Minutes of the Board of Directors meeting held in public on Thursday, 25 January 2024 from 1.15pm at St Joseph's Hospice, Mare Street, London E8 4SA

Present:

Eileen Taylor	Trust Chair
Aamir Ahmad	Vice-Chair (London)
Dr David Bridle	Chief Medical Officer
Richard Carr	Senior Independent Director
Tanya Carter	Chief People Officer
Anit Chandarana	Non-Executive Director
Peter Cornforth	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Prof Sir Sam Everington	Non-Executive Director
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	Non-Executive Director
Claire McKenna	Interim Chief Nurse
Edwin Ndlovu	Chief Operating Officer and Deputy CEO
Dr Amar Shah	Chief Quality Officer
Lorraine Sunduza	Interim Chief Executive
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)

In attendance:

Simon Bedeau	PP Lead, Learning Disabilities (part)
Liz Birch	Governor, Central Bedfordshire
Bob Cazley	Governor, Central Bedfordshire
George Chingosho	Interim Associate Director for Patient Safety & Quality CAMHS
Auzewell Chitewe	Associate Director of QI
Dominic Dougall	Clinical Director, Newham Mental Health Directorate
Deborah Dover	Director of Patient Safety
Derek Feeley	Board Adviser
Steve Gladwin	Director of Communications
Marilyn Hodges	Head of Occupational Therapy
Alice James	Client Services Manager, MSI Recruitment
Sarah Khan	Chief of Staff
Cathy Lilley	Director of Corporate Governance
Nicki McCoy	Corporate Secretariat Manager
Linda McRoberts	Minute Taker
Bailey Mitchell	Borough Director of Newham Mental Health Directorate
Shelby Nurthen,	Presenter (part)
Tim Opoku	Matron, Newham Mental Health Directorate
Stephanie Quitaleg	Senior Executive Assistant
Matt Roughley	Locum Consultant
Patricia Wheeler	Governor, Hackney

In attendance online:

Grenville Bingham	Governor
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Tina Bixby	Membership Officer
Dafni Boula	Governor, Luton
Alison Cottrell	
Jill Gaskain	SI Investigator
Mohammed Hanif	Service Manager – SPOA, Bedfordshire CHS
Dr Bushra Hasnie	Consultant, Luton
John Kauzeni	People Participation Lead, London Community Health Services
Peter Landman	Governor, Newham
Lorna Lennon	Psychotherapist, Bedford IAPT
Norbert Lieckfeldt	Corporate Governance Manager
Beverley Morris	Governor, Hackney
Sarah Ogunremie	Executive Assistant
Jamu Patel	Governor, Luton
Kate Smith	Governor, Staff
Hazel Thomas	Governor, Newham

Apologies:

Dr Mohit Venkataram	Executive Director of Commercial Development
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The minutes are produced in the order of the agenda

1 Welcome and Apologies for Absence

1.1 Eileen Taylor:

- Welcomed everyone to the Board meeting and warmly congratulated:
 - Lorraine Sunduza, for her award of an OBE in the New Year’s Honours list
 - Edwin Ndlovu as ELFT’s new Interim Deputy CEO, joining Richard Fradgley
 - Dr Amar Shah for being appointed the first NHSE National Clinical Director for Improvement, although he will also continue in his role with ELFT.
- Advised that Governors, members and the public will be joining the meeting in person and online.
- Recognised there are some important awareness days in January/February:
 - 15 January is known as ‘blue Monday’ as it is seen as the most depressing day of the year. The Samaritans have a ‘Brew Monday’ on this day to start conversations about mental health over a ‘brew’.
 - 21 January was Race against Dementia Day as well as World Religion Day.
 - 27 January is Parent Mental Health Day, a day to draw attention to the difficulties facing parents.
 - 25 January is Burn’s Night when Scottish communities gather to pay tribute to Robert Burns.
 - 27 January is Holocaust Memorial Day where we remember what happens when ordinary men and women lose sight of their humanity. It’s a reminder to put human dignity at the centre of everything we do. This is a particularly important reminder this year with events in the Middle East and Ukraine.
 - February celebrates LGBTQ+ history month and has various awareness weeks including sexual abuse and sexual violence awareness week; race equality week; and children’s mental health week, to teach children about the importance of looking after their mental health.
 - Time to Talk day takes place in February, encouraging people to have frank, open and honest conversations about mental health as does autism Sunday on and Mental Health Nurses day on 11 and 21 February respectively.
- Advised the meeting will be recorded for minute taking purposes and reminded everyone that this is a meeting of the Trust Board held in public. Questions relating to agenda

items can be asked at the end of the meeting if time allows and questions submitted online will be answered online after the meeting.

1.2 Apologies were noted as above.

2 Patient Story – Tower Hamlets Working Together Group (WTG)

2.1 Supported by Simon Bedeau, Shelby Nurthen an advocate for the learning disability community presented her experience of working with the Tower Hamlets WTG, and highlighted:

- The initial challenges with getting to know the group but this improved by working on her communication skills, talking to other members and attending meetings.
- She was initially nervous and uncertain but began to feel more happy, supported and confident the more she became involved; and her communications skills have improved. She now takes her turn to chair the meetings.
- Her involvement with PP has included speaking at a range of events including recently presenting to almost 100 students at the University of East London on working with people with disabilities and autism and attending monthly WTG meetings.
- Other challenges included completing paper forms and claiming expenses; plans are in place to ensure forms are more accessible.
- The WTG is currently working on a project to improve the working environment for both staff and service users at the Community Learning Disability Service in Tower Hamlets.

2.2 In discussion, the Board:

- Noted WTG has grown quickly and although it has been testing to ensure everyone is included, members also have fun and have learnt from each other.
- Acknowledged the issue of the forms being difficult has been raised at the People Participation Committee and this will be raised again to ensure it is solved.
- Commended Shelby on her achievements and contributions to the WTG.

3 Declarations of Interests

3.1 Eileen noted the register of interests will be updated to reflect that Claire McKenna is a member of the Royal College of Nursing; there were no additional declarations.

4 Minutes of the Previous Meeting Held in Public on 30 November 2023

4.1 The minutes of the meeting held on 30 November 2023 were **APPROVED** as a correct record.

5 Action Log and Matters Arising from the Minutes

5.1 The Board noted the updates to the action log and that action 383 about addressing discharge challenges will be included on the agenda for March Board.

6 Matters Arising from Trust Board in Private

6.1 There were no matters arising from the meeting in private.

7 Chair's Report

7.1 Eileen Taylor presented the report highlighting the Council of Governors had identified their priorities for the coming year at their meeting in January. She acknowledged that the Council is unique in defining its priorities that reflects the Trust's strategy to improve population outcomes and remarked she was pleased that staff wellbeing is included as a priority.

7.2 The Board **RECEIVED** and **NOTED** the report.

8 Chief Executive's Report

8.1 Lorraine Sunduza presented the report, highlighting:

- And congratulating Edwin and Amar on their appointments; she also expressed gratitude for her award.
- The recent Secretary of State visit to the Evergreen Unit, the in-patient eight bedded unit for children and young people in Bedfordshire whose ethos is about ensuring young people remain tethered to their community during a hospital stay. The visit went well and the young people were able to clearly articulate their experiences.
- A meeting with ELFT's internationally recruited staff provided the opportunity to learn about their experience and how ELFT can improve this in the future, particularly as the Trust has a responsibility to help their transition go smoothly.
- The Trust has signed the NHS England (NHSE) Sexual Charter. It is a recognition of the problems of sexualised behaviour and the impact on staff and service users, and the aim is to work together to improve people's experience.
- She is a Board champion for the Denny review carried out in Bedfordshire about inequalities; the plan is take learning from the review to reduce the impact on specific communities.
- Rachel Farrell has been appointed PP lead in Bedfordshire, Luton & Milton Keynes (BLMK) to work with the Mental Health Learning Disabilities and Autism Collaborative.
- Services have been extremely busy, particularly due to periods of industrial action; and thanked staff who worked over the festive period and responded to the extra demands.
- There are issues about people who are clinically ready for discharge having an impact on length of stay. A range of work reviewing prevention, community support, crisis and assessment is under way.
- Vaccination uptake is lower than in previous years partly due to vaccination fatigue and also issues with the data. The Trust is working with partners to help people make choices and vaccinators are being trained to support people. This is a national issue.
- The contributions of Dr Vaishali Ashar, Medical Director for Primary Care who is leaving. An interim post has been appointed to until a substantive replacement is recruited.
- The sad passing of Dr Julie Attenborough, who was a nurse leader and lecturer at City University and who had worked with ELFT when the Trust was one of the pilot sites for the Nursing Associate role. She was an advocate for nursing and a champion in how the Trust and universities could work together to support students and ensure nurses have a long-lasting career.

8.2 The Board **RECEIVED** and **NOTED** the report.

9 Audit Committee Assurance Report

9.1 As chair of the Audit committee, Anit Chandarana presented the report of the meeting held on 11 January 2024 highlighting:

- The 2022/23 financial accounts have now been finalised.
- Good progress with next year's external audit programme.
- Two internal audit reports reviewed including one on mandatory training, which provided good insights and which will be covered under the People Plan report.
- Reviewed the Business Ethics Policy and requested some simplification is made.
- A tender process for internal audit services is being planned as current internal auditors term of office is due to end.

9.2 The Board **RECEIVED** and **NOTED** the report.

10 Integrated Care & Commissioning Committee Assurance Report

10.1 As chair of the committee, Richard Carr presented the report of the meeting held on 11 January 2024 highlighting:

- The committee continued its review of progress and developments within each of the Integrated Care Systems (ICSs); the focus this time was on BLMK where discussions highlighted there is room to strengthen some relationships and the importance of focusing on longer term planning and prevention to deal with some of the system pressures. Close work with system partners continues to progress the development of the mental health collaborative. There will be a requirement for careful management of financial risk going forwards. The Trust is continuing to take action in the area of supporting broader economic and social development with our Marmot and anchor organisation work.
- The update on the delivery of the Trust's strategy and annual plan, which provided an opportunity to review progress, taking account that this is a developing piece of work. Two areas for further Exec consideration includes ensuring future plans take account of the risks and issues being identified in the various workstreams, and ensuring there is an appropriate degree of independent challenge of the data.

Richard Fradgley added:

- A wider review of how the Trust can help contribute and drive the ICS to improve population health, equity, etc will be undertaken, which will also draw on the recent Board development sessions.

10.2 The Board **RECEIVED** and **NOTED** the report.

11 People Participation Committee Assurance Report

11.1 As chair of the committee, Aamir Ahmad presented the report from the meeting held on 7 December 2023 highlighting:

- The forensics service and CAMHS presented on the good progress with the implementation and development of the WTG priorities; it is evident that PP is becoming an important part of people's recovery journey.
- The issue around accessibility; some service users reported they were unable to attend some ELFT events due to accessibility requirements not being considered. The committee acknowledged that this was not acceptable and agreed a service user led project be created to understand what accessibility means and introduce a checklist to support with ensuring needs are met in future.

11.2 In discussion the Board noted:

- The accessibility review focusing on accessible venues will include PP, ELFT Ability and estates.
- The Trust is leading on the review of PP priorities in BLMK, and is sharing best practice across other providers in the ICS.

11.3 The Board **RECEIVED**, **DISCUSSED** and **NOTED** the report.

12 Quality Assurance Committee Assurance Report

12.1 As chair of the committee, Donna Kinnair presented the report from the meeting of 8 January 2024 highlighting:

- Emerging issues includes pressures on pathways and beds, contributed to by industrial action. A review of discharges is under way to understand the dichotomy of limited bed

availability despite reductions in admissions and discharges. There was also a difficulty with bed bugs which staff managed well.

- The committee's encouragement that time is taken to understand how staff are feeling during this time of pressure.
- The Trust's management of primary care has seen an improvement in the standards of care and the broadening of services to support asylum seekers, refugees and the homeless which is going from strength to strength. There are challenges with recruitment and retention, with both GPs as well as the wider team delivering services.
- The spiritual services whose work is growing, including for people with spiritual needs that are not aligned to a particular religion.
- The committee reviewed the CQC action plans and stressed the focus should be on the wider Trust and not individual wards.
- The committee referred the mandatory training internal audit report to the People & Culture Committee to review and identify where improvements could be made.

12.2 The Board **RECEIVED** and **NOTED** the report.

13 Quality Report

13.1 Amar Shah presented highlighting:

- The quality assurance section of the report draws together different sources of data, including feedback from Non-Executive Director visits, to understand the themes related to service user and staff experience at the Trust; these themes are largely similar to those identified in previous triangulations. The four main themes are access and waiting times; the way ELFT communicates and provision of information; resourcing challenges and impact of struggling to fill posts; and the clinical environments where care is delivered. The report summarises work underway in each of these areas and how the Board receives assurance of progress on them.
- The quality improvement section of the report highlights the work that has been taking place for the last 16 months on therapeutic engagement and observations. Ideas have been tested and are leading to reductions in a number of safety indicators across the Trust, which is promising. The next stage will focus on wider implementation.

13.2 In discussion the Board:

- Commented the feedback that there were fewer concerns from staff about the digital infrastructure is very encouraging as part of getting the basics right approach.
- Applauded the initial work on the therapeutic observations and its impact, commenting the importance of improvements in levels of violence and aggression on wards cannot be over-stated as this has a huge impact on service users.
- Noted the themes identified will be taken forward through the sub-committees to provide oversight to ensure actions being taken are making a difference.
- Noted different sources of data have different proportions for each theme, so complaints have a large amount about access and communications; however, Care Opinion is largely about interaction with staff.
- Noted that the therapeutic engagement work is a significant piece of work which has ensured the Trust's approach to involving service users and the staff, and leadership has remained a central part of the development methodology
- Supported the QAC's decision to refer the mandatory training issue to the People & Culture Committee particularly as the issue is wider than the wards inspected by CQC.
- Noted that an agreement has just been put in place with one private provider to take ELFT's patients which should see an improvement but it will mean people may be placed some distance away. This will be detailed in the performance report.

- Suggested the risks and issues of patients going into private sector beds should be considered in more detail at QAC.
- Commented that the number of NED visits last year (13) seemed low and agreed to aim to increase this to about 20 visits this year.

13.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

14 10 minute break

15 Performance Report

15.1 Amar Shah and Edwin Ndlovu presented the report and highlighted:

- Where possible December data has been included following the Board's request for data to be as close to real time as possible.
- Achievements include: the work of the rapid response units in community health services where national standards are being surpassed despite increased demand; a reduction in pressure ulcers due to changing practices; and IAPT performance is surpassing the national recovery goals.
- Teams are applying systematic approaches and trying new solutions to manage the two areas of concern, waiting lists and patient flow.
- Current pressures include seasonal conditions and Covid, gaps in staffing alongside continued industrial action, this time for the longest period experienced by the NHS.
- The Trust is using more private beds than ever, although there is a focus on reducing usage and preventing future use which has already resulted in a reduction in numbers. ELFT is also working with North East London NHS FT (NELFT) on how to consolidate the bed base which should reduce costs. A better rate has been negotiated with a single private provider which will cost less than spot purchase. The Chief Medical Officer and Interim Chief Nurse reviewing procedures to minimise any quality issues.
- The significant challenges with those clinically ready for discharge, and currently the number of patients in private sector beds equals those ready for discharge. The main issue is housing availability but acknowledging that social care partners are under strain and local authorities are under financial stress. There has also been a marked increase in substance misuse as a contributing factor to why people need acute care. The Trust is working on solutions particularly on the preventative element and working to ensure step down beds are effective and looking at escalation pressures.
- The importance of communications to help others understand rationale for decisions taken.

15.2 In discussion the Board:

- Commended the transparency about the pressures and issues.
- Queried whether these pressures are unique or part of a trend going forwards; however, the immediate risk remains with industrial action not being resolved.
- Noted it is too early to comment on the effectiveness and impact, and whether there are any unintended consequences of the Right Care Right Person approach. Agreed it needs to be clear that A&E is for everyone in crisis and ELFT's responsibility is to ensure people in mental illness crisis are not disadvantaged from receiving a service from public bodies, including the police.
- Challenged the Executive to look at things differently, citing a recent GP 'perfect week' which produced impressive results in how appointments could have been dealt with differently and noted there are improvement initiatives underway in line with this thinking. This will be considered further by QAC.

- Received assurance that work is taking place to reduce the high number of missed appointments, e.g. reminders and text messages are having an impact. However, this is relatively new work and can be complex so may take time to produce results.
- Noted the significant impact of the industrial action which has created exceptional pressures; and the uncertainty of future action remains a risk and is taking its toll on other staff who are providing cover.
- Noted that the single block contract should be an improvement for patients placed out of area; however, there are challenges, e.g. some private providers are more selective in who they take and also have some drawn out processes. Received assurance there is support for families and carers of those placed out of area to visit and every effort is made to transfer people back locally as soon as possible.
- Suggested further review of whether the bed base is adequate bearing in mind the lower admissions and lower referral rates, yet high numbers of clinically ready for discharge. Noted the Trust is working with NELFT on a model and there is an improvement network across the collaborative to help tackle emergency care pressures.

15.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

16 CQC Update

16.1 Claire McKenna presented the report, highlighting:

- From the last inspection there were two 'must do' and a number of 'should do' actions and that by the end of January the Trust will be compliant with these requirements.
- The 'must do' actions relate to training and the aim has been to ensure compliance on all wards, not just those inspected.
- The inspection identified a weakness in respect of monitoring supervision; a system is being developed to monitor supervision across the whole organisation.
- CQC's new regulatory approach and new assessment framework. The Trust is currently developing a schedule for the well-led inspection with teams and with Board.

16.2 The Board **RECEIVED** and **NOTED** the report.

17 Safer Staffing

17.1 Claire McKenna presented the report, highlighting:

- The continued challenge in recruiting registered nurses across all services. In most areas there is a reliance on existing staff covering deficits by undertaking additional hours; however, continued Covid sickness and protracted high acuity impacts staff's ability to do extra shifts at the same level.
- Current national shortages, the impact of the pandemic and increased acuity continues to impact on recruitment and retention. Last year less newly qualified nurses joined the Trust partly due to the cost of living in London and also potentially nurses who trained during Covid on virtual placements, may have resulted in lesser feeling of connection to the organisation.
- Across all the wards there are systems to put in place mitigating actions to ensure safety and quality of care is maintained; however, this can be stressful over a long period.
- Recruitment has improved this year, so it is hoped this will have a positive impact on any potential dip next year.
- The Trust is an early implementer of the new national safer staffing tool for community nursing (CNSST tool) and the audit highlighted that overall community staffing levels are sufficient for the number and care dependency level of patients on our caseloads.

17.2 In discussion the Board:

- Highlighted the need for the report to be clear that registered nurses are not being replaced by support workers, as the figures alone can make that appear to be the case.
- Praised the work to connect students to ELFT, as their greater sense of belonging will encourage their retention.
- Received assurance there will be robust establishment figures for budget setting for mental health. The tool used is MOHOST and the budget and safe staffing are looked at to establish if staffing levels are where they should be. There is not yet a tool for community and the Trust is investigating options to help.
- Noted that retention is a challenge. Universities attract people from a wide geography and they often now return home to live with their parents due to financial pressures. The aim is to recruit more people from local communities who are more likely both to stay and to be reflective of the community ELFT serve.
- Noted it is important for the MDT to support nursing staff, who often take the brunt of a difficult environment, as part of the Trust's focus on retention as well as enabling people who join as support workers to grow and develop their careers.

17.3 The Board **RECEIVED, DISCUSSED** and **NOTED** the report.

18 Appointments and Remuneration Committee Assurance Report

18.1 The report was taken as read.

18.2 The Board **RECEIVED** and **NOTED** the report.

19 People & Culture Committee Assurance Report

19.1 As chair of the committee, Deborah Wheeler presented the report from the meeting on 11 January 2024 highlighting:

- The internal audit report on statutory and mandatory training compliance was reviewed; monitoring will be ongoing.
- The amount of work being undertaken in respect of apprenticeships; the committee commended the decision to transfer a percentage of the levy to small community organisations, which reflects our Marmot work and being an anchor organisation.
- The internal audit report on Freedom to Speak Up will be presented at the next meeting and will include the culture of people feeling able to speak up.
- The request to review how the risk is articulated on the Board Assurance Framework and also review what needs to change to mitigate it further, as it is not showing improvement.

19.2 The Board **RECEIVED** and **NOTED** the report.

20 People Report

20.1 Tanya Carter presented the report, highlighting:

- Training compliance has not been static, having increased from 72% in July to currently 82%. It is anticipated the 90% target will be reached for all wards by the end of March.
- Another area of focus has been recruitment; the recruitment team has been re-structured to help with day to day operational leadership and provide more effective recruitment support to services.
- Business partners have been tasked with triangulating all the information to better understand why, in light of increased staff headcount, the use of bank and agency staff has not reduced.
- The Trust has committed to the Sexual Safety Charter which includes the delivery of a detailed action plan which should be completed by summer 2024.

- Employee relations activities, such as grievances, are increasing and a thematic review is being undertaken. Training is being increased for investigating officers and there is mock tribunal training to provide support.

20.2 In discussion the Board:

- Noted the new People & Culture Committee is reviewing its forward plan and information flow to support increased scrutiny. Highlighted that staffing numbers have increased by 34% since 2019 and requested feedback on what this means for productivity and the services, including whether these staff are employed in the relevant services.

ACTION: Tanya Carter

- Noted that the increase in sexually abusive behaviour is both an increase in reporting and in incidents which range from inappropriate comments to sexual assaults. The reasons are being investigated through a thematic review and will also be taken forward as part of the Trust's commitment to the Sexual Safety Charter. The Executive is looking at equalities under many different strands and this will be an on-going discussion with awareness of how it impacts patients and staff, particularly bearing in mind the majority of the Trust's staff are women. This is also one of the Women's Network's priorities.
- Highlighted the point raised in the internal audit report on the statutory and mandatory training on the mapping of training to safety incidents, and stressed the importance of achieving at least 90% compliance.

20.3 The Board **RECEIVED, DISCUSSED and NOTED** the report.

21 Charitable Funds Committee Assurance Report

21.1 As chair of the committee Aamir Ahmad presented the report from the meeting of 18 January 2024, highlighting the encouraging presentation on the Hope Garden project which involved service users building an outdoor space, receiving training and resulting in being appointed to jobs in that area. This project has had a significant impact on our service users.

21.2 The Board **RECEIVED** and **NOTED** the report.

22 Finance, Business and Investment Committee Assurance Report

22.1 As chair of FBIC, Sue Lees presented the report of the meeting held on 14 November 2024 advising that FBIC has now been aligned with Board meetings which means the committee report and the data will both relate to the same date. She highlighted:

Finance

- Reporting a deficit, but still forecasting to meet plan by the end of the year.
- The FV programme is running behind and has reached a point where high risk schemes will not be converted, so the focus is on achieving the low and medium risk schemes. The identified schemes will be included in next year's plans.
- A programme of deep dives has commenced with services to understand the financial picture locally including challenges and opportunities.

Digital

- Digital Strategy Board demonstrates passion and commitment to driving digital forward.
- There has been a focus on substantive resourcing and infrastructure; good assurance received on the reporting of the reflections on the challenges through failures and how these were being addressed.

Commercial

- ELFT has been asked to lead on a piece of work on a system called Thalamos across nine other Trusts; this represents an exciting opportunity.
- Procurement is on track to deliver their savings. Recently achieved an 87% score for an accreditation process, representing the highest score both locally and nationally.

Estates

- Reinforced Autoclaved Aerated Concrete (RAAC) assessments have been completed on all ELFT properties. The Trust is undertaking surveys on nine non-healthcare related properties where written assurance around the absence of any RAAC has not been received from leasehold landlords; however, due to age profile of the buildings and construction methodology it is not anticipated there will be any issues.
- 95% of this year's spend is committed through contracts with identified mitigations if any of those do not go ahead.

22.2 The Board **RECEIVED** and **NOTED** the report.

23 Finance Report

23.1 Kevin Curnow presented the report based on month 9, highlighting:

- The Trust is reporting a £2.5m deficit, which is adverse to plan by £4.5m.
- Total agency spend equates to 6.5% of the Trust's pay expenditure; there is ongoing focus to reduce this particularly in non-clinical areas.
- The private sector beds have a financial impact; options being reviewed to mitigate this.
- There is a risk to the financial year end position; the original intention was to deploy c£4m of technical adjustments to achieve the forecast; however, this will now be increased £10m to ensure the surplus position is met.
- The assumption the £1.4m impact of industrial action to date will be centrally funded.
- The 2024/25 budget setting process is underway and includes engaging with teams particularly on the expected £30 FV savings. Baseline figures have been received from both system partners. The budget plan will be presented to both FBIC and Board.
- The budgeted £10m capital spend is expected to be delivered by financial year end.

23.2 In discussion the Board:

- Agreed it is imperative the Trust has stable finances but that the £30m FV target is a big challenge.
- Suggested that to achieve the target will require greater collaboration with system partners about what this means for delivery.
- Emphasised the need to work differently to achieve FV targets with a particular focus on clinical transformation, better ways of working and improved outcomes without compromising quality. Noted QAC may wish to monitor any impact on quality and safety.
- Noted the work to reduce agency staff usage includes both non-clinical and clinical staff.
- Noted that recruitment needs to be a balance between international and local particularly as international recruitment has its own challenges, such as separation from families; the biggest challenge for all staff is affordable housing.

23.3 The Board **RECEIVED** and **NOTED** the report.

24 Board of Directors Forward Plan

22.1 Noted.

25 Any Other Business

25.1 None.

26 Questions from the Public

26.1 None were previously notified or raised at the meeting.

27 Date of the Next Meeting

27.1 Thursday 28 March 2024 in Bedford at 13:00 hours.

The meeting closed at 3.45pm

DRAFT

ELFT Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 25 January 2024

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
383	30-Nov-23	Performance Report	Include more detail on the opportunities to address discharge challenge to be brought to the January Board meeting	EN	25-Jan-24	Closed	Updates have been provided to Board and also to QAC and FBIC in March 2024
384	25-Jan-24	People Report	Feedback on how staffing numbers which have increased by 34% since 2019 has impacted on productivity and services; and also whether these staff are employed in the relevant services	TC	28-Mar-24	In progress	Included in People Plan report to Board March 2024
382	30-Nov-23	EDI annual report	2024 EDI annual report to include changes over time/trajectories, e.g. for gender pay gap, likelihood of being recruited, etc. Also data and key outputs to be clearly highlighted	TC/RF/CMc	23-May-24		
385							
386							
387							

In progress
In progress with delay
Closed
Forward plan
Not due

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

- To provide feedback on Governor discussions to inform Board decisions
- To provide updates on the key strategic points arising from Chair and Non-Executive Director activity as part of the Board's commitment to public accountability

Committees / meetings where this item has been considered:

14 March 2024	Council of Governors Meeting
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Key Messages

This report informs the Board of key points arising from the Council of Governors and members discussions and the Chair's and Non-Executive Directors' most significant activities.

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	Council of Governors identifies annually its strategic priorities which will assist the Trust to improve experience of care at critical points in the patient journey
Improved population health outcomes	<input checked="" type="checkbox"/>	Board discussions on how we can best achieve our population health ambition within a changing context will enable the organisation to be better prepared. Governors' focus on member priorities emphasises improving population health outcomes
Improved staff experience	<input checked="" type="checkbox"/>	Governors and NEDs have highlighted staff experience as a key priority for the Trust and provided areas of focus
Improved value	<input checked="" type="checkbox"/>	Working collaboratively with our health and care partners will secure better integrated and more accessible care, thereby increasing value

Implications

Equality Analysis	Positive impact on reducing health inequalities through system partnerships
Risk and Assurance	Ensuring that we respond effectively to member feedback will provide additional assurance, minimise risk and improve accountability
Service User / Carer / Staff	Focusing on the Council's strategic priorities will support improving service user and carer experience and staff engagement
Financial	Increasing the potential for creating value by involving and working with others to maximising benefits of investments.
Quality	Improving in response to the experiences of Members will help drive quality improvements further.

1. Introduction

- 1.1. This report updates the Board on the Chair's main activities, Non-Executive Director (NED) visits and Council of Governor discussions as part of the Board's commitment to public accountability.
- 1.2. The report also provides a summary of discussions at the Council of Governors (the Council) so that these views may inform Board decisions.

2. Chair's update

- 2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both trusts: to improve equity of access and population health outcomes across the communities we serve.
- 2.2. Underpinning this vision, I have four key areas of focus:
 - **Patient leadership:** empowering the people who use our services and working with service users and carers to improve access, experience, outcomes and equity.
 - **Staff support and empowerment:** driving equity of opportunity for our staff and ensuring that staff at every level are supported and empowered
 - **Board effectiveness:** creating a board environment that feels accessible to patients, communities and staff and ensuring evidence-based decision-making
 - **System leadership:** contributing and leading effectively in the systems we work in, including being an anchor institution, recognising that both Trusts are involved in two or more Integrated Care Systems.

My updates to the Board are structured in line with these four areas.

Patient leadership

- 2.3. At the North-East London Mental Health, Learning Disability and Autism (NEL MHLDA) Collaborative Committee on 31 January, we were privileged to welcome a service user who shared his experience of the adult autism diagnostic service. He spoke about the positive impact of receiving a diagnosis after many years and of the benefits of being able to access post-diagnostic support from the Sycamore Trust. He also spoke eloquently about the value of specialist employment support. Later in the meeting we discussed a 'deep dive' item looking at provision of autism services across NEL; this item was made all the more powerful in light of the lived experience story we had heard, demonstrating again the importance of having the voices of experts by experience at planning and decision-making tables.

Staff support and empowerment

- 2.4. I was delighted to attend and open two brilliant staff network conferences during February. At the LGBTQIA+ Conference on 9 February, we celebrated the fact that LGBT+ History Month this year featured LGBT+ people throughout history who have made significant contributions to medicine, despite often having to conceal their sexuality. We reflected that at ELFT there are still people who don't feel comfortable being out at work and that it is incumbent upon all of us to create and nurture inclusive environments. The theme of inclusion was also at the centre of the ELFT Ability Conference on 22 February, where the focus was on the importance of ensuring every reasonable adjustment is made to support individuals to realise their full potential at work.

Board effectiveness

- 2.5. On 7 February, the Board met for one of our regular joint sessions with NELFT colleagues. The session was facilitated by Derek Feeley, our Board adviser and former CEO and President of the Institute for Healthcare Improvement, who helped us to focus on our role as leaders in the systems within which we operate, and on how we can work collaboratively to identify the areas where we can have a greater impact together for our patients and communities. It was good to hear from executive directors from both Trusts about the joint working already happening in areas such as our adult acute mental health pathway and across our talking therapies services.

We discussed the opportunities we have as Boards to work together to do things once in our NEL system, particularly in terms of reporting, and we will be looking at ways to progress this with our partners. We will continue to meet regularly so that we can sustain our focus on collaboration and realisation of benefits for the populations we serve and our staff.

- 2.6. We held our Annual Members Meeting on 8 February 2024 where our annual report and accounts for the year ended 31 March 2023 and the external auditor's report on them were presented; the delay was due to waiting for the outcome of a separate audit by another organisation of pension liabilities for some of our staff who retain a local authority pension scheme.

The main presentation focused on our population health ambitions and examples shared included the Healthier Wealthier Newham pilot with London Borough of Newham to increase benefit uptake which has led to an average increase of family income of more than £4,800; work on smoking cessation treatment which has seen good results when starting to coproduce the way we work with our service users; and increasing the uptake of crucial cervical cancer screening rates in younger women by working with and through our local community organisations as well as by making access an appointments easier.

Attendees also received a brief update on the work of our Governors, their impact and strategic focus during the year, as well as a progress report on the delivery of our membership engagement plan which has a significant role to play in our population health ambition and in hearing the views of our public.

Our Interim Chief Executive stressed the complexity of each individual, of each family, of each community we serve and whilst being mindful of these complexities, our aim will be to provide a universally excellent service which can only be achieved by collaborating with others: *If you want to go fast you go alone; if you want to go far you go together.*

It was heartening to welcome nearly 100 members and staff at our AMM – it shows the interest in our Trust and a desire to help shape our journey towards our population health ambitions and becoming the first ever NHS Marmot trust.

- 2.7. On 15 February, Derek Feeley facilitated a Board development session that explored how we can apply a quality improvement lens and approach to the review and reporting of risks on our Board Assurance Framework (BAF). The approach generated some interesting discussions that focused particularly on our approach to understanding our risks and to developing and testing theories of change aimed at mitigating them.
- 2.8. On 28 February, NHS England (NHSE) introduced a new NHS Leadership Competency Framework (LCF) for board members, together with a revised chair appraisal framework. The LCF is intended to support the recruitment, appraisal and development of board members and responds to the recommendation made in the Kark Review 2019 of the fit

and proper test for the 'design of a set of specific core elements of competence which all directors should be able to meet and against which they can be assessed'.

The LCF incorporates six competency domains to support board members to perform at their best:

- (i) Working together for patients
- (ii) Respect and dignity
- (iii) Commitment to quality of care
- (iv) Compassion
- (v) Improving lives
- (vi) Everyone counts

These aspirational competencies are to be incorporated in all job descriptions and recruitment processes for Board roles from 1 April 2024 and a new board member appraisal framework will be published by NHSE in autumn 2024 which will reflect the competency domains in this framework, as well as other performance objectives.

- 2.9. As reported in para 4.9 below, I am delighted that Alison Cottrell will be joining our Board as a Non-Executive Director with effect from 1 April 2024.

System leadership

- 2.10. At the North-East London Chairs' Away Day on 29 January and the London Chairs' meeting on 29 February the focus was very much on collaboration and, as Chairs, we reconfirmed our commitment to collaborating with partners across sectors. At the London Region meeting, we heard more about a London-wide piece of work baselining and benchmarking the progress of collaboratives and aiming to understand their potential benefits. The NEL MHLDA Collaborative was called out for its inclusive approach and for the breadth of joint work taking place between partners.
- 2.11. On 28 February, I attended a national ICB and provider Chairs' event organised by NHS England. This was the first such meeting held since the Covid-19 pandemic and the topics covered included quality improvement, patient safety and productivity. The need for Trusts and Trust Boards to have a deep understanding of what productivity means in their organisations was underlined, particularly in the context of widespread financial challenge.

3. Council of Governors update

- 3.1. The Council met on 14 March for its first face-to-face meeting of 2024 – the Council had previously agreed to meet online every January. We were mindful that Ramadan had started so we included a short comfort break to coincide with Iftar so our Muslim colleagues could break their fast at that point.
- 3.2. Following a number of governor queries in the weeks before the meeting, the Council received an update from Programme Director, Jamie Stafford, and Richard Fradgley, Executive Director of Integrated Care and Deputy Chief Executive, on the important issue of patients who are clinically ready for discharge (CRFD) but unable to leave our wards for a variety of reasons. Jamie provided an update about the challenges of falling admissions combined with increased occupancy and increased length of stay, highlighting in a daily snapshot the significant number of patients who were CRFD but could not be discharged for a variety of reasons. This has an obvious and negative impact on our ability to provide care for our patients on our wards but especially for the experience of our service users. Better data now enables ELFT to proactively identify patients for whom this may be an issue and start work early to overcome barriers to discharge in collaboration with partners such as social care.

- 3.3. This meeting's governors' strategic priority theme focused on *Prevention*. As one of our governors highlighted, this is a very broad subject and Richard Fradgley provided an overview of what primary, secondary and tertiary prevention encompass. The Council then focused on prevention in primary care as this is where our Marmot ambitions often most starkly come up against the lived reality of our service users' lives. In a presentation, Dr Mohit Venkataram as Executive Director lead for primary care shared the work that is ongoing in our inclusion as well as our regular GP practices serving nearly 80,000 patients in North-East London, Bedfordshire and Luton to improve the physical and mental well-being of the people we serve, in coproduction with our service users.
- 3.4. This was followed by a lively session led by our non-executive director (NED) Sam Everington who took governors in a quiz-style presentation through the evidence of the myriad links between the social determinants of health and physical and mental wellbeing, followed by a much-appreciated invitation to see for themselves how he and his team at Bromley by Bow Health Centre are tackling these issues.
- 3.5. Governors bade a fond farewell to Dr Mohit Venkataram, ensuring he will take with him an "emergency stash" of chocolate for his new role as Deputy CEO at NELFT. I would like to note my personal thanks to Mohit, as the longest-serving member of the Board, for his outstanding leadership. He will be deeply missed at ELFT and I'm delighted that we will be able to continue to work closely with him in his new role at NELFT.
- 3.6. In her annual update on the implementation of the membership engagement plan, Membership Officer, Tina Bixby, highlighted the important links and alignment between our membership engagement with ELFT's strategic objectives, population health and Marmot Trust ambitions, but also the strategic priorities of the systems we operate in as well as our anchor institution work. All of these require us to hear the voice of our population and this theme will feature heavily in the coming year's work to implement the engagement plan. This follows a year of preparatory work which included the excellent events such as the NHS 75 community events in Bedfordshire and Luton and in East London).
- 3.7. Tina stressed that traditional ways of communication and our previous approach did not always lead to effective and impactful two-way engagement and, while numbers are important, they should not prevent us from changing perhaps one person's life with the right engagement, the right information, and the right opportunities.
- 3.8. This was Tina's final meeting looking after the Council as Meena Patel will be returning from her planned absence in April. Governors expressed their sincere appreciation for 'always going the extra mile' and were assured that Tina's continued work in membership and population engagement means she will remain in touch.
- 3.9. In a private session, governors approved the recommendation by the Council's Nominations & Conduct Committee to appoint Alison Cottrell as a new NED of the Trust with effect from 1 April 2024. I provided an update of the Board's decision to commence the recruitment process for the substantive CEO position and reminded governors that the CEO is appointed by the NEDs but the Council's responsibility is to approve the appointment, thereby certifying that the process followed has been robust, transparent and equitable. Governors sought assurance that our current interim CEO would be encouraged to apply.
- 3.10. Having declared an interest in the next agenda item I left the meeting while governors received and discussed a report on my annual performance appraisal. Due to my role as Joint Chair of ELFT and NELFT, this review was held in parallel with NELFT. Following

the discussion, I was delighted to receive a note of appreciation from the Council ending with “We are family” which summed up what was a truly joyous meeting with the Council.

4. NED visits

4.1. Visits made by the NEDs since the last Board meeting include:

- Kingsway Health Centre
- Bramingham Park Medical Centre
- Community Health Services at East Ham Care Centre

NEDs took the opportunity to thank the staff working in these services for their professionalism, commitment, enthusiasm and personal contributions to improving the lives of the people we serve.

5. Action Being Requested

5.1. The Board is asked to **RECEIVE** and **NOTE** the report for information.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Chief Executive Officer's Report
Author/Role	Interim Chief Executive Lorraine Sunduza
Accountable Executive Director	Lorraine Sunduza

Purpose of the report

The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues over the past two months. The Board is asked to receive and note this report.

Key messages

This report contains details of CQC inspections of the Trust, awards and recognition and updates on changes and improvements to services across the Trust. The report also provides a brief update on national/regional issues.

Strategic priorities this paper supports.

Improved experience of care	<input checked="" type="checkbox"/>	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

Equality Analysis	This report has no direct impact on equalities.
Risk and Assurance	This report provides an update of significant developments, activities and issues across the Trust.
Service User/ Carer/Staff	This paper provides an update on activities that have taken place across the Trust involving staff, patients and carers.
Financial	There are no financial implications attached to this report.
Quality	This report provides an update of significant developments relating to quality

1.0 Purpose

1.1 The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues.

2.0 Reflections from the period since the last meeting of the Board of Directors

Visit by Olena Zelenska, First Lady of Ukraine

2.1 We were honoured on 1 March to welcome the First Lady of Ukraine, Olena Zelenska, to the Youth Resilience Unit at the Newham Centre for Mental Health. The Trust hosted roundtable talks with key stakeholders to consider the complex mental health impact of the conflict on young people; a cause to which the First Lady is deeply committed. Mrs Zelenska subsequently met with leads from a number of our clinical teams and toured parts of the Coborn Centre, including the sensory room and educational facilities.

- 2.2 The visit was organised and co-hosted by Professor Dennis Ougrin of Queen Mary University of London in collaboration with the Department of Health and Social Care (DHSC), the Ukrainian Embassy and ELFT, where he is a Consultant Child and Adolescent Psychiatrist. Health Minister Lord Markham and Royal College of Psychiatrists President Dr Lade Smith were also in attendance.
- 2.3 The proximity of the conflict to the Ukrainian colleagues to whom we spoke was deeply affecting, as were the accounts of the experiences of so many displaced children. UK attendees were struck by the breadth of the mental health work already happening to try to support children and young people in Ukraine and the learning that is being accumulated that may be applied in other areas of conflict. We hope very much to continue conversations with Ukrainian colleagues and to continue to share learning.

ELFT QI Podcast Series “10 conversations for 10 years”

- 2.4 I was delighted to have the opportunity to take part in the “10 conversations for 10 years” podcast series produced by our Quality Improvement (QI) team to reflect on a decade of QI here at ELFT. The discussions have been hosted by Dr Amar Shah, Chief Quality Officer, and Pedro Delgado, Vice President at the Institute for Healthcare Improvement (IHI), ahead of our 10-year celebration of QI at ELFT in May.

LGBTQIA+ Staff Network Conference

- 2.5 On 9 February, I spent a wonderful afternoon at the LGBTQIA+ Staff Network Conference. I spoke about the importance of people being able to be their true unapologetic selves at work and reflected that the work we do in networks for staff highlights the same work we need to do for our service users. It was a great opportunity to celebrate LGBTQIA+ colleagues in our ELFT community.

ELFT Ability Staff Network Conference

- 2.6 On 22 February, I spent a thought-provoking morning at the ELFT Ability Staff Network Conference, which focused this year on the importance of us maximising the way we support our staff through reasonable adjustments. The conference also provided an opportunity to say thank you to Dr Mohit Ventakaram for all his work as executive sponsor of the network, to wish him well and to welcome Claire McKenna – a longstanding supporter of the network – as its new executive sponsor.

CEO Breakfast Meetings

- 2.7 Over the last two months, I've spent three wonderful mornings meeting staff teams for discussions over breakfast – with the Forensic, City and Hackney, and Newham Mental Health Directorates. These have offered a great chance to share news of developments in the Trust, to find out about what's happening locally, and to hear about some of the challenges and ideas of how to tackle them. Most importantly, the visits have given me the opportunity to say thank you to our staff for their commitment to the people we serve in the context of considerable challenge and pressure. I am looking forward to breakfast meetings with other directorates in the months ahead.

Visit to London Community Health Services

- 2.8 On 29 February, I was delighted to have the opportunity to spend a day with our London Community Health Services in Newham. I was particularly pleased to have the opportunity to meet newly recruited international staff who are already making such positive contributions.

Overseas NHS Workers Day

- 2.9 1 March was Overseas NHS Workers Day – a day when all of us at ELFT and the wider NHS could take the opportunity to pay tribute to the international staff from all over the world who make such a valued contribution to the services we provide.

International Women's Day

- 2.10 On 7 March, I was delighted to join the ELFT Women's Network event to mark International Women's Day. The event provided an opportunity for women from across the Trust to meet, share experiences and celebrate the contribution of women to our organisation and our communities.

Senior Nurses Conference

- 2.11 On 5 March, I spent a wonderful afternoon at the Senior Nurses Conference where the focus was on the nursing response to the NHS Long Term Workforce Plan (LTWP) and its three themes of 'train, retain, reform'. The event brought senior nurses together from across the Trust and provided an opportunity for our nursing leaders to share knowledge and experience and recognise how much is common across scopes of practice. The day resulted in a shared direction of travel in relation to the LTWP and quarterly connection points were agreed to enable continued momentum and a common Trustwide approach to this critical agenda.

World Social Work Day

- 2.12 19 March marked World Social Work Day. It was wonderful to be able to celebrate the immense contribution social workers make to improving life outcomes for service users and carers, and the communities we serve more generally. Social workers bring a relationship-based approach that is focussed on supporting people to build on their strengths, along with expertise in the law and the social determinants of health and wellbeing, along with the community assets that can best help to meet peoples' needs. Social workers are core to our multi-disciplinary team approach, and we are extremely proud to be one of the largest NHS employers of social workers in the country.

New primary care services

- 2.13 I am delighted to share the news that four primary care practices in North-East London are set to join the Trust. Victoria Medical Centre in Barking, Five Elms in Dagenham, Rainham Health Centre and Upminster Medical Centre will join from 1 April 2024. ELFT has been a provider of primary care for nearly 15 years and we have a clear approach of empowering our practices to lead on improving the patient experience, working in close partnership with local health, social care and VCSE partners.

Farewell to Dr Mohit Ventakaram

- 2.14 Today marks the last Trust Board meeting of Dr Mohit Ventakaram, Executive Director for Commercial Development. Mohit will start full time in his new role of Deputy Chief Executive at North-East London NHS Foundation Trust (NELFT) on 1 May. Mohit has worked tirelessly in the service of the Trust to improve the lives of our local communities and he will be hugely missed. However, we are delighted that he has this opportunity to bring his knowledge, experience and inimitable personal drive to a partner organisation and we look forward to continuing to work with him in his new role.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 ELFT is an active partner in both the Bedfordshire Luton and Milton Keynes (BLMK) and the North-East London (NEL) Integrated Care Systems, working with partners in our six

place-based partnerships, through our developing BLMK Mental Health, Learning Disability & Autism Collaborative, and through our North East London Mental Health Learning Disability and Autism Collaborative and our Community Health Services Collaborative. We are also the lead for the North Central East London Child and Adolescent Mental Health Services and Perinatal Collaboratives, and a partner to the East of England Specialised Commissioning Collaborative.

- 3.2 We are currently working closely with ICS partners to prepare operating plans for 2024/25, with an interim submission made on 21 March, and final plans due in early May. Whilst plans are still very much in development, it is clear that the planning environment for 2024/25 is challenging.

North Central and East London (NCEL) Perinatal MH Collaborative

- 3.3 We are pleased the final plans are now in place for the formal launch of the North Central and East London Perinatal Provider Collaborative, on 1st April 2024. Through the Collaborative, ELFT, NELFT and Camden and Islington NHS Foundation Trust (on behalf of the North London Mental Health Partnership) along with support from North Central London Integrated Care Board (ICB) and North-East London ICB are establishing a unified and integrated approach to the provision of perinatal mental health services as the NCEL Perinatal Provider Collaborative with ELFT as the Lead Provider.
- 3.4 The ICBs will remain contractually responsible for commissioning community perinatal mental health services in NCEL through existing contractual arrangements, with NCEL Perinatal Collaborative's primary commissioning focus being on mother and baby units (MBUs). However, all partners are committed to working together to develop a seamless pathway for our service users, enabling access to MBUs in a timely and accessible way.

4.0 Operational update

- 4.1 There was further junior doctor strike action from 24 to 28 February. Once again, I would like to note my thanks to everyone who worked so hard to ensure robust preparations so that we could continue to deliver safe patient care, especially after many months of continued high demand and activity. We hope that the ongoing negotiations between the BMA and the government will come to a resolution soon.
- 4.2 All services continue to experience high levels of activity, and pressures experienced by acute partners in both NEL and BLMK ICS have led to the systems declaring Operational Pressures Escalation Level (OPEL) 4 during the period. This acute sector pressure has significantly impacted our services, especially community adult physical health services. In adult mental health, the volume of people deemed Clinical Ready for Discharge (CRFD) who occupy acute admission beds remains high and has a significant impact on our ability to ensure service users receive the right care in the right place at the right time.
- 4.3 On 19 March, due to sustained high levels of bed occupancy and other system-wide operational and service level pressures across both NEL and BLMK ICS, we declared internal critical incident status. This decision was taken after careful consideration of the operational context and its potential impact on our ability to deliver high-quality care to our patients while maintaining safety standards.
- 4.4 Between 20 and 28 March, routine work was stood down to enable intense focus on creating capacity ahead of the Easter Bank Holiday weekend. The focus has been on maximising the use of our resources to support people away from inpatient beds – both

internal and private capacity – including enhanced focus on supporting service users clinically ready for discharge (CRFD) to progress to their next stage of care. Thank you to all our staff who working so hard to maintain service provision throughout these challenging times.

5.0 Autumn / winter vaccination campaign

- 5.1 The staff vaccination programme 2023/24 continues to offer flu and covid vaccines (and co-administrated flu and covid vaccines) at clinics Trustwide from our staff vaccinators. NHS England (NHSE) has set a target of 75% of patient-facing staff being vaccinated against flu this season. We are currently achieving c30%. Additional clinics (and vaccinator attendance at team away days) have been running and will continue through to the end of the campaign this month to try to reach the groups who remain unvaccinated to discuss the importance of vaccination directly with them. The effectiveness of the range of approaches used in this year's campaign have been considered throughout this period and this learning and further evaluation at the end of the campaign will be used to inform next year's approach.
- 5.2 Outbreaks of measles are on the increase with increased associated admissions. Staff are being urged to talk to the families they have contact with to try to ensure that any key immunisations missed during the pandemic are now accessed. ELFT is supporting joint messaging from BLMK and NEL ICBs.

6.0 ELFT people updates

Tower Hamlet CAMHS commended

- 6.1 Child and Adolescent Mental Health Services (CAMHS) in Tower Hamlets were highly commended at the recent Tower Hamlets Together Awards for improvements to outcomes for service users. Nonsi Mabhena, a nurse therapist and Rebecca Taylor, a registered physician associate were commended for their work on the CAMHS Attention Deficit Hyperactivity Disorder (ADHD) Pathway.

Podiatry apprentice shortlist for national award

- 6.2 Podiatry apprentice, Phoebe Edwards, from the Bedfordshire Community Health Services (BCHS) team, has been shortlisted in the Apprentice of the Year category in the Our Health Heroes Awards 2024. Members of the public and healthcare professionals will help choose the winners in each category by taking part in a public vote to determine bronze, silver and gold award winners in each category.

Art Therapist Wins Allied Health Professional (AHP) of the Year in West London Awards

- 6.3 Helen Short, Interim Lead for Art Therapies in Tower Hamlets, was awarded Allied Health Professional (AHP) of the Year at the West London NHS Trust's AHP Awards, where she is also employed.

Appointments

- 6.4 On 4 March 2024, we welcomed Dr Ge Yu as the new Medical Director for Primary Care. Dr Yu joins us from his previous role as Associate Medical Director in Hertfordshire Community Services and brings extensive primary care experience.

7.0 Visitors to our services

Visit by Dr Navina Evans to meet ELFT apprentices

- 7.1 Our former CEO, Dr Navina Evans CBE, returned to ELFT on 8 February during Apprenticeships Week to meet current apprentices and some newly qualified ones. Navina, now Chief Workforce, Training and Education Officer at NHS England, joined me to hear their stories first hand. The apprentices included a trainee social worker, nursing associate, life skills worker, administrator and psychologist, and a now-qualified solicitor. She also met our first under-18 apprentice in the Trust. Many of the apprentices had been in other walks of life prior to joining the Trust. The far-reaching discussion encompassed workforce planning, the influence of technical, medical developments and AI, and new roles in the future.

Visit from Caroline Clarke, NHS England Regional Director for London

- 7.2 On 8 February, we were also delighted to welcome Caroline Clarke to our Tower Hamlets services. Caroline was interested to learn of the work we do with partners through Tower Hamlets Together and, particularly, the work of our people participation leads.

8.0 Other service updates

Launch of new BLMK service user and carer group

- 8.1 A service user and carer led working group is being launched to address mental health, learning disability and autism priorities across Bedfordshire, Luton and Milton Keynes (BLMK). The group will ensure service user and carer voices are front and centre in shaping how care is planned and delivered across the area. It has been formed by the BLMK MHLDA Collaborative and follows on from last year's BLMK MHLDA service user and carers summit.

Chatbot to reduce referral times to Newham Specialist Children's Service

- 8.2 Newham's Specialist Children and Young People's Service has introduced a referral chatbot which will direct referrals to the correct services without the need to go through a central triage process. This will reduce referral times and ensure that receiving teams receive the key information they need.

Patient Knows Best

- 8.3 ELFT will be gradually deploying a new patient portal called Patient Knows Best (PKB) so that service users will be able to view selected parts of their RiO record online (e.g. clinical appointments, letters, and DIALOG+ care plans). The digital department has been holding demonstration sessions for staff to see the type of information service users will be able to access.

9.0 Action Being Requested

- 9.1 The Board/Committee is asked to:

RECEIVE and **NOTE** the report for information.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Audit Committee Meeting held on 13 March 2024 – Committee Chair’s Assurance Report
Board Lead	Anit Chandarana, Non-Executive Director and Chair of the Audit Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Audit Committee meeting held on 13 March 2024.

Key messages

<p>BAF Deep Dive: Risk 4 Quality and Safety</p> <ul style="list-style-type: none"> BAF risk 4: if essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm Significant improvements in some areas since the previous presentation in 2022; however, there remain organisational challenges The embedding of an internal quality framework seeks to provide assurance around safe, high-quality care with the opportunity for robust challenge through operational boards and sub-committees. A separate safety framework has working parties specifically focused on the areas of highest impact on safety. Additionally, the new CQC framework will focus smaller inspections across the whole care pathway which will be of benefit to the Trust Although the direct health impacts of the pandemic have lessened, the after-effects around backlogs and increased complexity continue to present difficulties, as does the impact of industrial action and workforce challenges Data accuracy improvements around access and patient flow along with progress in addressing inequalities through the Patient & Carer Race Equality Framework (PCREF) Increasing involvement of service users in governance and corporate functions is providing invaluable insights, particularly in areas such as estates and facilities The current risk score remains at 12 and the committee sought further assurance around the Trust’s current position, clearer timelines on the expected improvement and more details around systemic actions to mitigate the impact of external factors such as continuing industrial action. <p>Board Assurance Framework</p> <ul style="list-style-type: none"> The committee approved the recommendation to reduce risk 5 (improved staff experience) from Significant 20 to Significant 16 as a result of positive progression being evidenced in a number of metrics Following consideration by the lead committees for each BAF risk, there were no other proposed changes to other risks scores (details included in appendix 1) Following the recent Board development session, a further review of each BAF risk using a QI approach will be undertaken by the exec lead working with the chair of the lead committee with any revised or new risks to be presented at the May committee and Board meetings The risk management process for risks on the BAF, Directorate Risk Register and Corporate Risk Register was clarified, specifically that risks on the BAF are allocated to an exec and to a Board committee who will act as the ‘lead’ for the risk. <p>External Audit Progress Update</p> <ul style="list-style-type: none"> Good progress is being made on the interim 2023/2024 audit with sample testing going well, with full support from the finance team Issues around the IFRS16 position and PFI disclosures are anticipated to be resolved before the final accounts are produced. <p>Internal Audit Progress Update</p> <ul style="list-style-type: none"> Draft level 2 positive head of audit opinion for 2023/2024 was received
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- Two final reports are in progress; however, these are not expected to impact on full delivery of this year's plan by the end of March. Both have been issued with reasonable assurance:
 - The report on key financial controls contains recommendations around improving the use of purchase orders
 - Risk management report raises challenges around the effective engagement of some directorates with risk management
- The committee requested further assurance around the culture of risk management following the gaps highlighted in the audit report
- The internal audit annual work plan for 2024/2025 was agreed with the addition of a review of the safer nursing tool rollout and the process for theming issues arising from the risk register (report attached as appendix 1).

Counter Fraud Update

- The Trust received a positive outcome in the NHS Counter Fraud Authority benchmarking report for 2022/2023, with the higher level of investigative activity in the Trust commended
- The benefits of the team sharing their learning and best practice system-wide was acknowledged as was the potential for delivery of their service across the whole system
- Confirmation has been received from the police that three suspects have been charged under the Fraud Act and Computer Misuse Act in connection with fraudulent covid vaccinations on the National Immunisation and Vaccination system.

Cyber Security

- An update on the work to decrease the cyber risk to the organisation amidst continuing cyber-attacks on NHS trusts was presented; a key factor in the progress against the cyber strategy is the support of the programme and funding by the Trust
- The rollout of multi-factoral authentication (MFA) across 99% of the Trust was commended, particularly as this has been achieved well in advance of the June deadline, with most other Trusts currently sitting between 35 and 50%
- Work to obtain ISO27001 accreditation (standard to manage information security) by the end of the year continues, as this will reinforce best practice around a rigorous and focused methodology
- Given the progress around reducing the Trust's exposure to this risk, the committee confirmed the governance and ownership of assurance for cyber will continue to be held by the Finance, Business and Investment Committee.

Annual Review of SFIs

- Amendments to strengthen the SFIs included redistribution of responsibilities, strengthening of accountability between the CEO and CFO, new procurement regulations and some technical accounting standards
- Following a benchmarking process, financial limits have now been introduced for staff who approve orders and receipts on the finance system. The committee requested some further work to sense check the limits that have been set internally for the Trust
- A simpler guidance document will be produced for use by managers and staff.

Internal Auditors Tendering Process

- The committee approved the joint procurement process between ELFT, Barnet, Enfield & Haringey NHS Trust, Camden & Islington NHS FT and North East London NHS FT for economies of scale, achievement of value for money and to support the continued collaborative working across North East London
- Assurance provided that there will be independent assessment processes and separate contracts in place in each trust, even if the process results in the same appointee for all four trusts
- Specific wording around conflicts of interest have been embedded in the process to provide further assurance and the Trust panel, chaired by the Audit Committee Chair, will closely examine the resource capacity of applicants.

Previous Minutes: The approved minutes of the previous Audit Committee meeting is available on request by Board Directors from the Director of Corporate Governance.

Appendix 1: BAF – Summary of Changes at 1 March 2024

BAF Risks	Updates
Strategic Priority: Improved population health	
<p>Risk 1 <i>If the Trust does not build and sustain the right organisational capability and capacity to support integrated care, this may impact adversely on our ability to deliver our strategic objective to improve population health</i></p> <p>Target risk score: 8 High Risk score: Remains at 12 High</p>	<ul style="list-style-type: none"> No change to risk score as there are particular pressures and risks associated with growing numbers of patients who are clinically ready for discharge but have no appropriate accommodation to move to, which speaks to local authorities' financial and operational challenges in sourcing appropriate supported housing services. This contributes to higher spend on inpatient provision (including private sector beds,) which in turn, diverts resources and attention from preventative community interventions which contribute to improved population health
<p>Risk 2 <i>If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy</i></p> <p>Target risk score: 8 High Risk score: Remains at 8 High</p>	<ul style="list-style-type: none"> No change to risk score which remains at High 8 due to the continued significant effort, commitment and capacity in to working with partners to develop appropriate architecture that will support the Trust to continue to deliver its strategy
<p>Risk 9 <i>If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients</i></p> <p>Target risk score: 8 High Risk score: Remains at 16 Significant</p>	<ul style="list-style-type: none"> No change to risk score which remains at Significant 16 reflecting the much higher financial and bed based risk profile for the Perinatal New Models of Care (provider collaborative for specialist perinatal services) in North Central East London with ELFT as the lead provider unlike the more established CAMHS collaborative
Strategic Priority: Improved experience of care	
<p>Risk 3: <i>If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities</i></p> <p>Target risk score: 8 High Risk score: Remains at 12 High</p>	<ul style="list-style-type: none"> Risk score currently remains at High 12 as the lead committee for this risks, People Participation Committee, is due to meet on 21 March when the risk will be reviewed
<p>Risk 4 <i>If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm</i></p> <p>Target risk score: 9 High Risk score: Remains at 12 High</p>	<ul style="list-style-type: none"> Industrial action: Impact of the recent industrial action in Jan/Feb 2024 has been more challenging due to the timing, supporting the two ICSs and also seasonal operational pressures within our services and the wider system, particularly ED and ambulance services Services: Demand remains high in crisis services and bed occupancy consistently high above 90%. There has been an increase from 18 to 23 teams with growing waiting lists Inpatient units – therapeutic engagement: Increased reliability of observations Trust-wide has been achieved with unit level reductions in safety incidents. Next workshop will focus on systems to maintain standards over time

BAF Risks	Updates
	<ul style="list-style-type: none"> No change to risk score which remains at High 12 due to the continuing challenges in services
Strategic priority: improved staff experience	
<p>Risk 5: <i>If issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction</i></p> <p>Target risk score: 8 High Risk score: Reduced to 16 Significant from Significant 20</p>	<ul style="list-style-type: none"> Further industrial action from junior doctors has been well managed within services and all required shifts covered; continued focus on staff wellbeing Number of Trust people metrics progressing in the right direction Turnover rate is slightly below the Trust target; however, the Trustwide vacancy rate has reduced although there is variation across the directorates Improvement in the staff engagement survey results although the response rates remain low including sickness absence, turnover, vacancy rates, stat/man training and staff survey response rates Recommendation by P&PC that the current risk score is reduced to Significant 16 from Significant 20
Strategic priority: improved value	
<p>Risk 7 <i>If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans</i></p> <p>Target risk score: 8 High Risk score: Remains at 16 Significant</p>	<p>As at January 2023:</p> <ul style="list-style-type: none"> No recommended changes to the risk score which remains at Significant 16 as gap in plans of approximately £6m will not be addressed before year end. Also, changes implemented to address Q2 have had a positive impact but some slippage in scheme delivery experienced during Q3; this is negatively impacting on the composition of FV delivery as we progress through the financial year Focus has shifted to support delivery of all low and medium risk schemes in forecast Non-recurrent measures will be utilised to offset slippage experienced against recurrent schemes Planning programme under way to engage all directorates/senior leaders to support development of 2024-25 FV schemes
<p>Risk 8: <i>If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs</i></p> <p>Target risk score: 9 High Risk score: Remains at 20 Significant</p>	<ul style="list-style-type: none"> Cyber is stable; however, risk is still evolving but internal approach to response and education is showing results, with Cyber Multifactor Authentication now 95% rolled out across the Trust – the first CHS/MHS Trust to achieve this A lot of activity has been hitting large manufacturers; we have demanded better sharing of NHS based incidents within ourselves - transparency is crucial if we are to mitigate risk to its lowest point Second copy of data in our AWS Cloud to be hosted in Northampton; previously both datacentres were in Docklands Plan in place to reduce reliance on contract staff and fill all specialist posts substantively Estates: given the decreasing CDEL available, and the increased fragility of the estate, ESB will work with Industry leaders to identify radical opportunities to ebb the degradation of the environment. The continued lack of CDEL year on year has put a large burden on the business in terms of inadequate estate and extra pressure on the delivery team to try and maintain a workable environment Good improvement made in some areas, i.e. the PLACE score, in comparison to previous year, although still work to do to achieve where we would like to be placed as a Trust



EAST LONDON NHS FOUNDATION TRUST

Internal Audit Strategy 2024/25

March 2024

This report is solely for the use of the persons to whom it is addressed.

To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

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EXECUTIVE SUMMARY

Our approach to developing your internal audit plan is based on analysing your corporate objectives, risk profile and assurance framework as well as other, factors affecting East London NHS Foundation Trust in the year ahead, including changes within the sector.

Our Internal Audit Plan for East London NHS Foundation Trust is presented for review. During the year, we will continue to work with management and hold regular meetings to deliver an internal audit programme which remains flexible and agile to ensure it meets your needs.

The key points to note from our plan are:



Internal Audit Charter, at Section 3.2.



Number of deliverables include, 10 assurance audits, follow up, progress papers and an annual report.



Flexible and agile approach to deliver in order to respond to your needs.



Your core team are Clive Makombera, Partner and Sharon Kaur, Associate Director who are supported by specialists, as required.

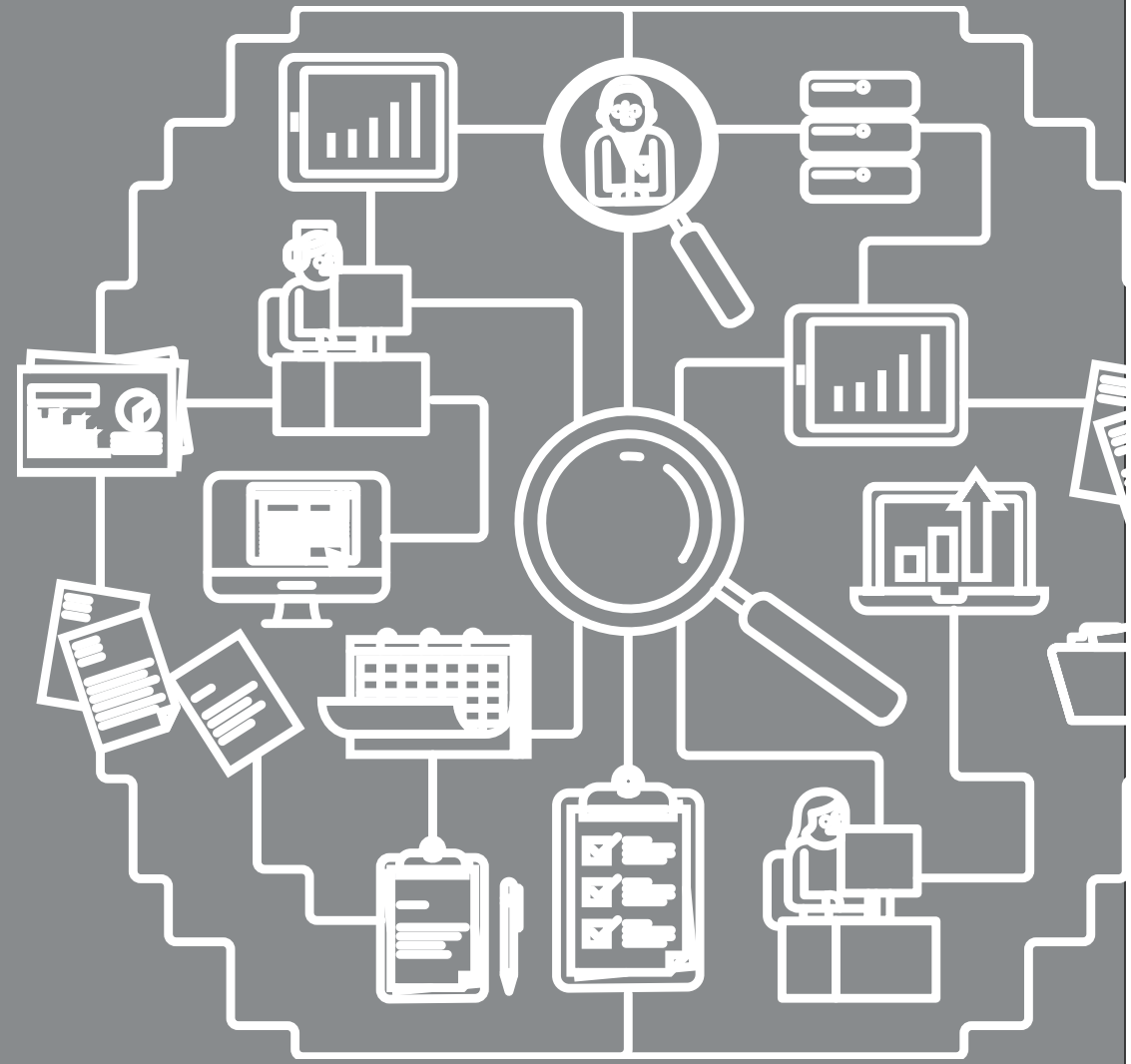


Technology toolkit – 4 questionnaires, Alteryx, PowerBi

‘RSM generally conforms to the requirements of the IIA Standards’ and RSM IA also generally conforms with the other Professional Standards and the IIA Code of Ethics’.

Annual Internal Audit Plan and Methodology

01



1.1 INTERNAL AUDIT PLAN 2024/25

The table below shows each of the reviews that we propose to undertake as part of the internal audit plan for 2024/25. The table details the strategic risks which have focused our internal audit coverage. This review of your risks allows us to ensure that the proposed plan aligns with the organisation's assurance needs for the forthcoming and future years.

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
Core Internal Audit Activity			
Mental Health Act, BAF Risk 4, David Bridle – Chief Medical Officer			
Our clinician will focus on:			
<ul style="list-style-type: none"> Roles, responsibilities and dedicated resourcing for day to day administration of the Mental Health Act. Review and development of the Trust's continuing ability to manage compliance with the MHA. Maintaining awareness of changes to the law, updating Trust procedures to reflect the changes and raising awareness of new procedures. Dissemination of updated guidance, scheme of delegation and training so that all staff (as needs have been assessed) are aware of their responsibilities, the extent and limits of their authority, and requirements to seek advice / approval for decisions. Liaison between the Mental Health Act team and clinicians / managers across services. Governance oversight of activity operated by the Quality Committee and the Trust Board. 	Risk	July 2024	September 2024

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
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Raising Concerns, BAF Risk 5, Claire McKenna – Chief Nurse / Tanya Carter – Chief People Officer

Our HR specialists will focus on:

- Policies and procedures in place including those that relate to freedom to speak up, whistleblowing, raising concerns.
- The system in place for handling concerns, including allegations of bullying and harassment.
- Processes to feedback to those raising concerns.
- Training provided to staff, particularly the training provided to line managers.
- The Trust’s progress and plans for enhancing the speaking up culture.
- How concerns are escalated once reported and investigated in a timely and confidential manner.
- Whether themes and trends are identified, and learning is shared across the Trust.
- Implementation of and compliance with the new Fit and Proper Person Test Framework.
- We will survey staff using our bespoke 4risk questionnaire software as part of this review to assess the effectiveness of processes in place. We will also triangulate our results to the NHS staff survey.

Risk

September 2024

November 2024

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
Temporary Staffing – Non Medical, BAF Risk 4, Tanya Carter – Chief People Officer			
We will consider the following:			
<ul style="list-style-type: none"> • How is rostering completed, including timeliness of roster production. • Confirm that an analysis of ward staffing levels is undertaken by management on a routine basis to identify and forecast staffing requirements in each area of the Trust. • How is the model for rostering applied – including consideration of annual leave, non-clinical time and acuity. • Processes in place to ensure the Trust utilise Trust staff, bank staff prior to the use of Agency staff. • The use of non-framework agencies and whether these are being reported to the relevant forums including investigating reasons for the use of non-framework agencies. 			
<ul style="list-style-type: none"> • We will use data analytics to consider the following: <ul style="list-style-type: none"> ○ Determine whether any temporary staff have been paid for shifts they were not booked on to work. ○ Rosters are completed in a timely manner. ○ Analyse when rosters are finalised prior to shifts. ○ Check for any duplicated staff bookings during the same period across different departments. ○ Analyse trends in cancellation of roster bookings by service, cancellation reason and cancellation notice period. ○ Identify any trends i.e., use of bank staff when staff are on planned holiday, use of agency and bank staff at weekends/bank holidays resulting in increased costs. (subject to availability of data). ○ Analyse agency spend by Department/Divisional over a period of time. ○ Analyse rosters to determine the staffing level for times/shifts across the Trust. 	Risk	September 2024	January 2025

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
<p>Financial Viability Programme, BAF Risk 7 – Kevin Curnow, Chief Finance Officer / Amar Shah, Chief Quality Officer and Claire McKenna, Chief Nurse</p> <p>We will consider:</p> <ul style="list-style-type: none"> We will conduct a deep dive into a sample of schemes to understand the delivery processes followed which will include the ongoing updating and monitoring of the clinical risk assessment, and whether appropriate remedial action is being taken where required. We will focus on bed management as part of this review. We will review how schemes are identified, the initial clinical risk assessment, and project management documentation, tracing this through to delivery. Whether responsibility for delivering each scheme and financial targets is clearly defined, provision of information and reporting of schemes to enable effective monitoring and decision making and how leads are held accountable for performance. Whether quality impact assessments are completed before schemes are implemented. 	Risk	October 2024	January 2025
<p>Out of area placements (OAPs) - BAF Risk 3, Edwin Ndlovu, Chief Operating Officer</p> <p>We will consider:</p> <ul style="list-style-type: none"> Relevant policies, procedures and guidance for out of area placements have been authorised and communicated to relevant personnel and align to the Mental Health Act and NHSE guidance. We will review controls in place to manage out of area placements. We will assess the processes for identifying, appropriateness of decision-making, authorising and reviewing OAPs including the involvement of relevant stakeholders such as clinicians, social workers and patient representatives. IA to choose a sample. Assess the adequacy of contracts with care homes. IA to choose a sample. Governance, monitoring and reporting arrangements in place to track and evaluate the outcomes and performance of OAPs provision. This review will be supported by a clinician. 	Risk	April 2024	July 2024

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
<p>Appraisals/Supervision, BAF Risk 5, Tanya Carter – Chief People Officer</p> <p>Appraisals are completed in the new Learning Management System (LMS). Our work will include the following with support from our HR specialist and with the use of data analytics:</p> <ul style="list-style-type: none"> • A review of whether staff have completed appraisals in the first quarter, or whether staff have completed end of year appraisals. • The clarity of the appraisal and supervision process. • We will consider the effectiveness of the LMS as a system for recording appraisals and supervision. • We will consider how supervision is recorded and reported in the new system and assess the use of the system across the Trust. • Monitoring of appraisal targets on a regular basis and the setting of an established performance indicator. • The quality and consistency and timely completion of appraisal documentation across the organisation • Linkages between the learning and development requirements as set out for a sample of individual staff to the appraisals to ensure learning & development is entwined with the appraisal process. • Documented policies and procedures, along with appropriate appraisal training for Managers. • Data quality of performance information on appraisal uptake reported to the Board or relevant Committee. 	Risk	June 2024	September 2024
<p>Business Continuity – Digital, BAF Risk 8, Philippa Graves, Chief Digital Officer / Edwin Ndlovu, Chief Operating Officer</p> <p>This audit will focus on the digital / estates areas of business continuity and will follow on from the Business Continuity audit completed in 2023/24. We will consider certificates for Disaster Recovery, undertake a deep dive on organisational readiness for any outage and back up plans in place for the power/water/heating including Ops & Estates. This review will be supported by IT specialists.</p>	Risk	April 2024	July 2024


Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
<p>Data Security & Protection Toolkit, Amar Shah – Chief Quality Officer</p> <p>Our review will consider;</p> <ul style="list-style-type: none"> Action plans in place to improve performance. The Governance arrangements in place for the delivery, completion and sign off of the DSP Toolkit return and wider requirements. Compliance reviews by the information centre and their impact on compliance with DSP Toolkit requirements. The validity of the toolkit. This review will be undertaken in line with NHS Digital requirements and will be led by our IT Specialist Auditors. 	Core	April 2025	July 2025
<p>Key Financial Controls, Kevin Curnow, Chief Finance Officer</p> <p>We undertake financial systems work on a rotational basis so that all key systems are covered in a five-year period. In 2024/25 we will review Accounts Receivables focusing on overdue debt, reconciliations etc. This work will be driven by data analytics. This could be done jointly with LCFS.</p>	Core	September 2024	November 2024

Area and Strategic Risk	Audit approach	Proposed timing	Proposed Audit Committee Reporting
<p>Risk Management, Claire McKenna, Chief Nurse / Cathy Lilley, Director of Corporate Governance</p> <p>We will focus on the effectiveness of the risk management processes below the BAF and Corporate Risk Register and the systems used to capture this data. We will focus on a sample of risk registers and test the use and maintenance of these risk registers within the divisions.</p> <p>We will review whether the risk register has adequate content, with specific review of the design pertaining to risks, controls, mitigation of risks and, where appropriate, assurance identified.</p> <p>We will consider the level of scrutiny and focus on the Risk Register during local operational meetings.</p> <p>We will focus on the risk management culture and will undertake a series of interviews/questionnaire with a range of stakeholders to gauge their perceptions of the organisation's approach to risk management and the extent to which there is a clear and embedded risk management culture at an operational level within the organisation. Interviews will also be held with a number of local management teams and operational staff.</p> <p>We will also consider the process for theming issues arising from the risk register.</p>	Core	January 2025	March 2025
Other Internal Audit Activity			
<p>Follow up: To meet internal auditing standards, and to provide assurance on action taken to address recommendations previously agreed by management.</p>	Follow up	At each Audit Committee	
<p>Management: This includes annual planning; preparation for and attendance at audit committee; regular liaison and progress updates; liaison with external audit and other assurance providers; and preparation of the annual opinion.</p>	-	Throughout the year	

A detailed planning process will be completed for each review, and the final scope will be documented in an Assignment Planning Sheet. This will be issued to the key stakeholders for each review.

Working with other assurance providers

The Audit Committee is reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not, seek to cover all risks and processes within the organisation.



We will however continue to work closely with other assurance providers, such as clinical audit and external audit to ensure that duplication is minimised, and a suitable breadth of assurance obtained.

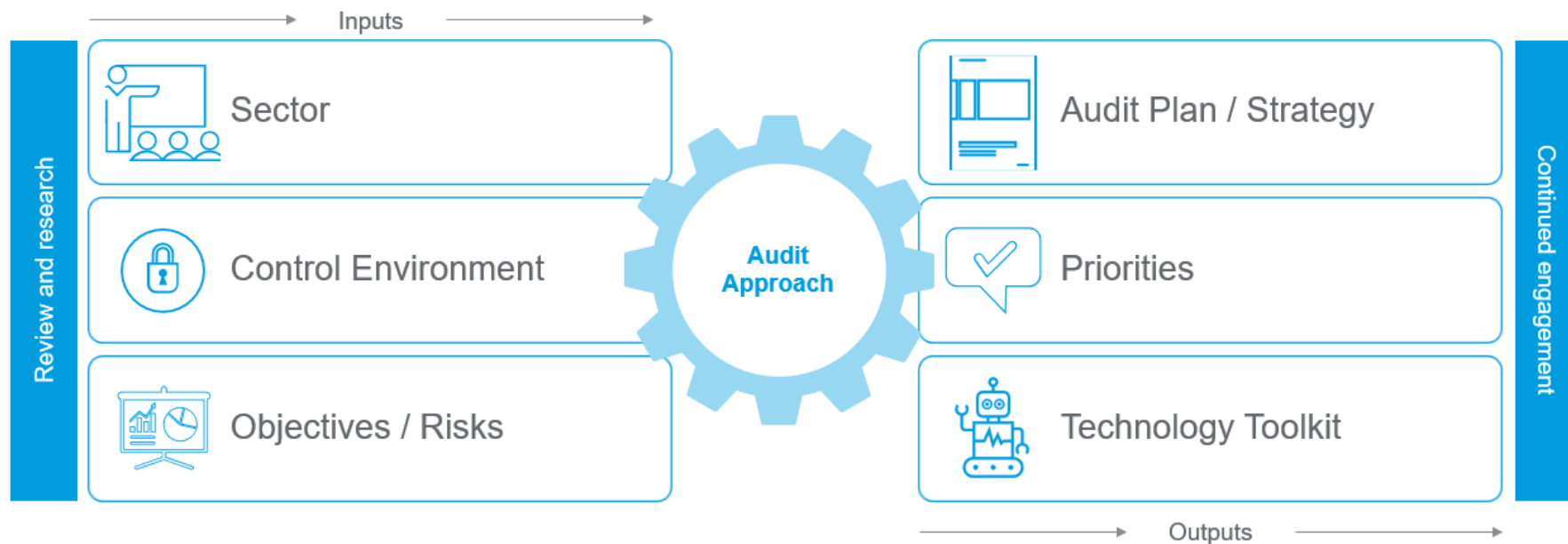
1.2 INTERNAL AUDIT METHODOLOGY

Our approach to developing your internal audit plan is based on analysing your organisational objectives, risk profile and assurance framework as well as other factors affecting East London NHS Foundation Trust in the year ahead, including changes within the sector. We also discuss audit priorities and coverage with management and the audit committee.

Risk management processes

We have evaluated your risk management processes and consider that we can place reliance on your risk registers / assurance framework to inform the internal audit strategy. We have used various sources of information (see Figure A below) and discussed priorities for internal audit coverage with senior management to develop your annual audit plan and high-level strategic plan (Section 3.2)

Figure A: Audit considerations when developing the Internal Audit Strategy.



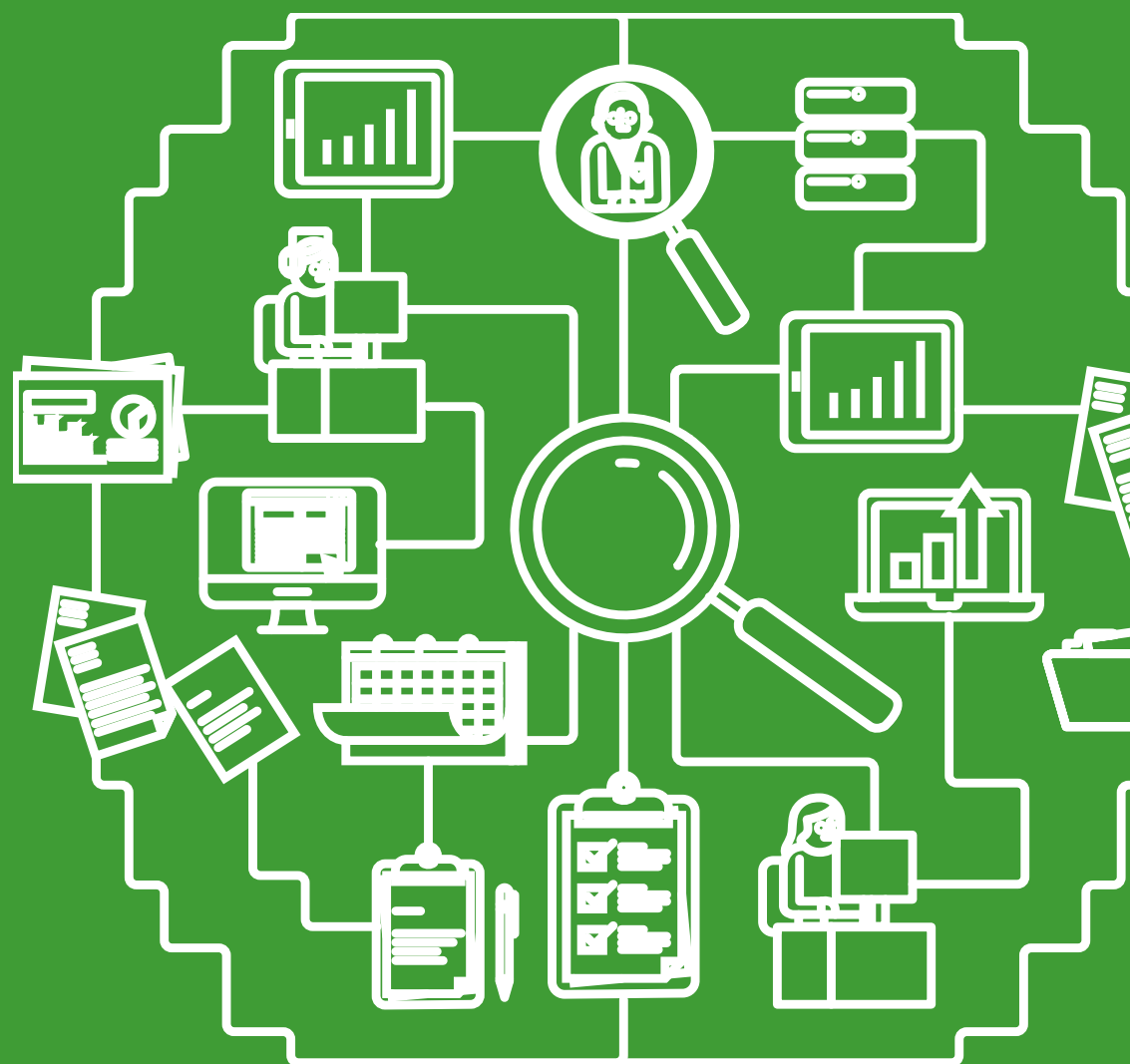
Using the above information, we have also developed the below audit universe which informs the year one plan and five year strategy. This analysis allows us to ensure that the type and level of coverage proposed meets the organisation's assurance needs for the forthcoming and future years. The areas on the audit universe reflected in the heat map below show the priorities for year one, nearest to the centre.



Internal Audit Strategy

2024 - 2029

02



2.1 INTERNAL AUDIT STRATEGY 2024 - 2029

The table below shows an overview of the audit coverage to be provided through RSM's delivery of the internal audit strategy. This has been derived from the process outlined in Section 1.1 above, as well as our own view of the risks facing the sector as a whole.

Proposed area for coverage	2024/25	2025/26	2026/27	2027/28	2028/29
Risk based assurance					
Patient Experience					
Bed Management / <i>Out of Area Placements</i> / DTOC / Discharges/Admissions	✓				
Waiting List Management		✓			
Clinical Effectiveness – NICE, CQC, Clinical Audit & GIRFT			✓		
Wellbeing, Experience and Participation of Users and Carers / Learning from Serious Incidents / Complaints / Mortalities / Suicides / Duty of Candour		✓			
Medical Devices					✓
Use of Force				✓	
Patient Safety/Quality					
Mental Health Act /Office/ Mental Capacity/ Deprivation of Liberty (DOLs) / Liberty protection safeguards (LPS)	✓				
Medicines optimisation					✓
Safer Nursing Tool		✓			
Mortality Governance				✓	
Consent and Capacity to Treatment			✓		
Location Visits Year 2 • Physical Health Assessments.		✓	✓	✓	✓

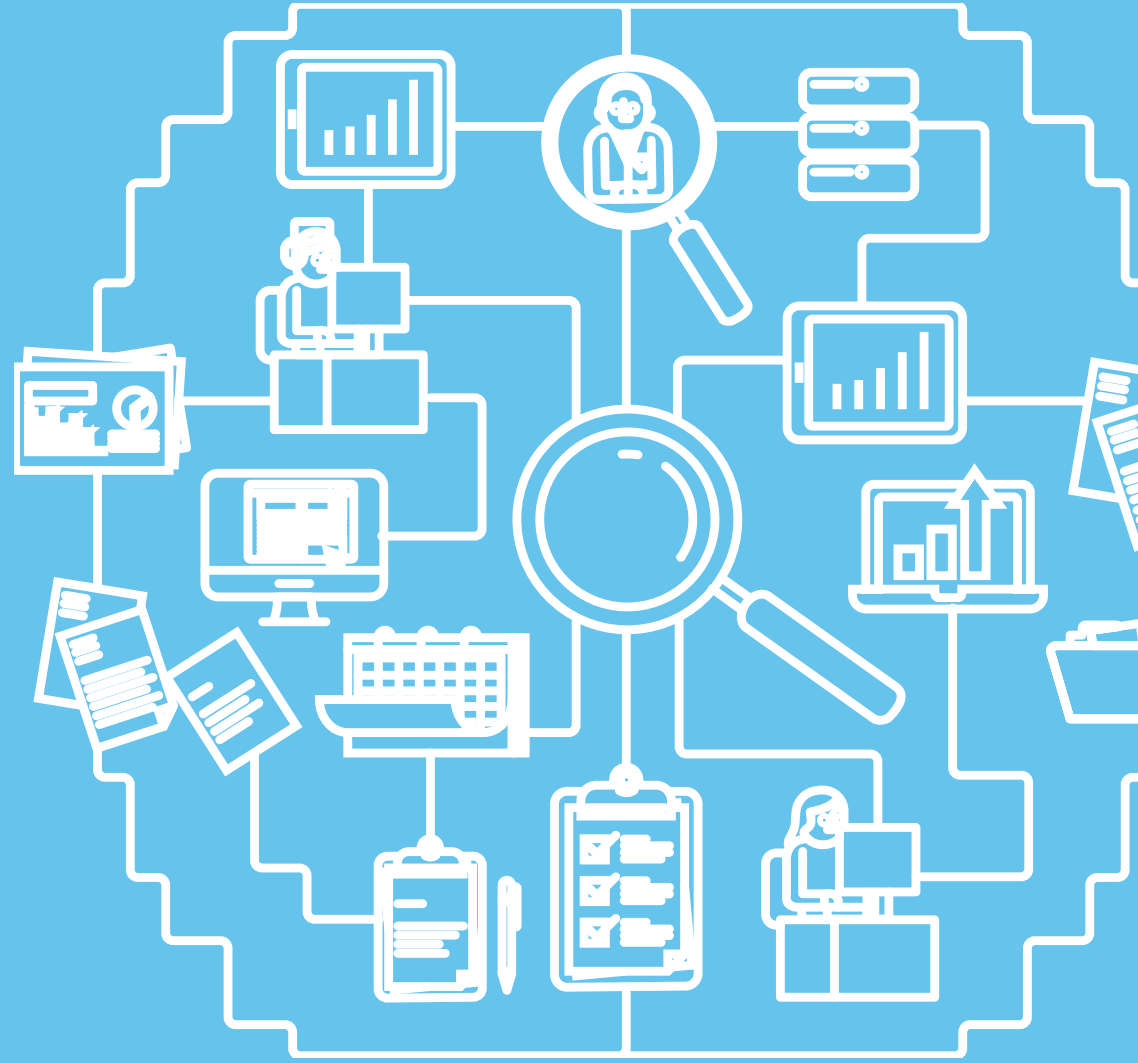
Proposed area for coverage	2024/25	2025/26	2026/27	2027/28	2028/29
<ul style="list-style-type: none"> Physical health monitoring. 					
Year 3					
<ul style="list-style-type: none"> Risk assessments. Carer assessments. Care plans. Crisis plans. 					
Year 4					
<ul style="list-style-type: none"> Ligatures. Seclusion and Restraints. Violence & aggression for staff/security 					
Year 5					
<ul style="list-style-type: none"> Medicine Management. Infection, Prevention & Control Supervision. 					
Health and Safety / Fire Safety				✓	
Safeguarding			✓		
Finance					
Patient Level Costing					✓
Financial Performance / <i>Financial Viability Programme</i>	✓			✓	
Backlog Maintenance				✓	
Estates/Capital projects			✓		
Contract Management/Procurement		✓			
Transformation					
Transformation Programmes and Project Management / Quality Improvement					✓
Sustainability		✓			
Population Health			✓		

Proposed area for coverage	2024/25	2025/26	2026/27	2027/28	2028/29
Research and Development				✓	
Business Development					✓
ICS/Place Based Systems/Provider Collaborative/Partnership Working					✓
New Models of Care / Patient Pathways		✓			
IT Infrastructure / IT Project Management / IT Strategy / Digitisation			✓		
Workforce					
Medical Job Planning / Revalidation					✓
Bullying and Harassment				✓	
Staff Wellbeing and Engagement					✓
Workforce Strategy		✓			
Equality and Diversity			✓		
Mandatory Training / Succession Planning / Leadership			✓		
Appraisals/Supervision	✓				
Raising Concerns	✓				
Apprenticeships / Medical Education				✓	
Sickness Absence		✓			
Temporary Staffing / Rostering / Agency Spend	✓				
Recruitment, Retention & Development / Medical Staffing		✓			
Risk and Governance					

Proposed area for coverage	2024/25	2025/26	2026/27	2027/28	2028/29
Cyber Security / Network Security		✓			
Governance / Divisional Governance			✓		
Data Quality / Performance Management				✓	
Business Continuity	✓				
Emergency Preparedness, Resilience and Responsiveness					✓
Core Assurance					
Risk Management	✓	✓	✓	✓	✓
Data Security & Protection Toolkit	✓	✓	✓	✓	✓
Key Financial Controls Consideration could include:					
General Ledger		✓			
Accounts Receivable	✓				
Cash Management			✓		
Accounts Payable				✓	
Payroll					✓
Fixed Assets / Stock Control					✓
Patient Monies			✓		
Other Internal Audit Activity					
Follow Up	✓	✓	✓	✓	✓
Management	✓	✓	✓	✓	✓

Your Internal Audit Service and Internal Audit Charter

03



3.1 YOUR INTERNAL AUDIT SERVICE

Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2021 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF), and the Internal Audit Code of Practice, as published by the Global Institute of Internal Auditors (IIA) and the Chartered IIA, on which PSIAS is based.

The external review concluded that RSM 'generally conforms*' to the requirements of the IIA Standards' and that 'RSM IA also generally conforms with the other Professional Standards and the IIA Code of Ethics. There were no instances of non-conformance with any of the Professional Standards'.

* The rating of 'generally conforms' is the highest rating that can be achieved, in line with the IIA's EQA assessment model.

Working with other assurance providers

The Audit Committee is reminded that internal audit is only one source of assurance and through the delivery of our plan we will not, and do not, seek to cover all risks and processes within the organisation.

We will however continue to work closely with other assurance providers, such as clinical audit and external audit to ensure that duplication is minimised, and a suitable breadth of assurance obtained.

3.2 INTERNAL AUDIT CHARTER

Need for the charter

This charter establishes the purpose, authority and responsibilities for the internal audit service for East London NHS Foundation Trust. The establishment of a charter is a requirement of the Public Sector Internal Audit Standards (PSIAS) and approval of the charter is the responsibility of the audit committee.

The internal audit service is provided by RSM UK Risk Assurance Services LLP ('RSM').

We plan and perform our internal audit work with a view to reviewing and evaluating the risk management, control and governance arrangements that the organisation has in place, focusing in particular on how these arrangements help you to achieve its objectives. The PSIAS encompass the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF) as follows:

- [Core principles for the professional practice of internal auditing](#)
- Code of ethics
- Definition of internal auditing
- The Standards

Mission of internal audit

As set out in the PSIAS, the mission articulates what internal audit aspires to accomplish within an organisation. Its place in the IPPF is deliberate, demonstrating how practitioners should leverage the entire framework to facilitate their ability to achieve the mission.

"To enhance and protect organisational value by providing risk-based and objective assurance, advice and insight".

Independence and ethics

To provide for the independence of internal audit, its personnel report directly to Clive Makombera (acting as your head of internal audit). The independence of RSM is assured by the internal audit service reporting to the chief executive, with further reporting lines to the Chief Finance Officer.

Your head of internal audit has been in place for a number of years. The Internal Audit Code of Practice as published by the Chartered IIA suggests that this is brought to the attention of the Audit Committee to review and confirm your assessment on the independence of your internal audit services.

To assist the assessment; RSM is able to remain independent for the following reasons:

- As an outsourced provider of internal audit services to East London NHS Foundation Trust, independence is inherent in our delivery and audit methodology.

-
- Our internal auditors do not have any operational responsibilities across East London NHS Foundation Trust.
 - No member of the audit team is employed by East London NHS Foundation Trust.
 - The head of internal audit reports to the Chief Executive and Audit Committee chair.
 - RSM methodology includes a second partner review (by another head of internal audit who does not work on East London NHS Foundation Trust) of the annual plan, the year-end annual report and opinion.
 - The Internal Audit Charter details our role and responsibilities and the authority we have which enables us to undertake our internal audit service.

The head of internal audit has unrestricted access to the chair of audit committee to whom all significant concerns relating to the adequacy and effectiveness of risk management activities, internal control and governance are reported.

Conflicts of interest may arise where RSM provides services other than internal audit to East London NHS Foundation Trust. Steps will be taken to avoid or manage transparently and openly such conflicts of interest so that there is no real or perceived threat or impairment to independence in providing the internal audit service. If a potential conflict arises through the provision of other services, disclosure will be reported to the audit committee. The nature of the disclosure will depend upon the potential impairment and it is important that our role does not appear to be compromised in reporting the matter to the audit committee. Equally we do not want the organisation to be deprived of wider RSM expertise and will therefore raise awareness without compromising our independence.

Responsibilities

In providing your outsourced internal audit service, RSM has a responsibility to:

- Develop a flexible and risk based internal audit strategy with more detailed annual audit plans. The plan will be submitted to the audit committee for review and approval each year before work commences on delivery of that plan.
- Implement the internal audit plan as approved, including any additional tasks requested by management and the audit committee.
- Ensure the internal audit team consists of professional audit staff with sufficient knowledge, skills, and experience.
- Establish a quality assurance and improvement program to ensure the quality and effective operation of internal audit activities.
- Perform advisory activities where appropriate, beyond internal audit's assurance services, to assist management in meeting its objectives.
- Bring a systematic disciplined approach to evaluate and report on the effectiveness of risk management, internal control and governance processes.
- Highlight control weaknesses and required associated improvements together with corrective action recommended to management based on an acceptable and practicable timeframe.

-
- Undertake follow up reviews to ensure management has implemented agreed internal control improvements within specified and agreed timeframes.
 - Report regularly to the audit committee to demonstrate the performance of the internal audit service.

For clarity, we have included the definition of 'internal audit', 'senior management' and 'board'.

- Internal audit – a department, division, team of consultant, or other practitioner (s) that provides independent, objective assurance and consulting services designed to add value and improve an organisation's operations. The internal audit activity helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of governance, risk management and control processes.
- Senior management who are the team of individuals at the highest level of organisational management who have the day-to-day responsibilities for managing the organisation.
- Board of directors - The highest level governing body charged with the responsibility to direct and/or oversee the organisation's activities and hold organisational management accountable. Furthermore, "board" may refer to a committee or another body to which the governing body has delegated certain functions (eg an audit committee).

Client care standards

In delivering our services we require full cooperation from key stakeholders and relevant business areas to ensure a smooth delivery of the plan. We proposed the following KPIs for monitoring the delivery of the internal audit service:

- Discussions with senior staff at the client take place to confirm the scope six weeks before the agreed audit start date.
- Key information such as: the draft assignment planning sheet are issued by RSM to the key auditee six weeks before the agreed start date.
- The lead auditor to contact the client to confirm logistical arrangements at least 15 working days before the commencement of the audit fieldwork to confirm practical arrangements, appointments, debrief date etc.
- Fieldwork takes place on agreed dates with key issues flagged up immediately.
- A debrief meeting will be held with audit sponsor at the end of fieldwork or within a reasonable time frame.
- Draft reports will be issued within 10 working days of the debrief meeting and will be issued by RSM to the agreed distribution list / Huddle.
- Management responses to the draft report should be submitted to RSM.
- Within three working days of receipt of client responses the final report will be issued by RSM to the assignment sponsor and any other agreed recipients of the report.

Authority

The internal audit team is authorised to:

- Have unrestricted access to all functions, records, property and personnel which it considers necessary to fulfil its function.
- Have full and free access to the audit committee.
- Allocate resources, set timeframes, define review areas, develop scopes of work and apply techniques to accomplish the overall internal audit objectives.
- Obtain the required assistance from personnel within the organisation where audits will be performed, including other specialised services from within or outside the organisation.

The head of internal audit and internal audit staff are not authorised to:

- Perform any operational duties associated with the organisation.
- Initiate or approve accounting transactions on behalf of the organisation.
- Direct the activities of any employee not employed by RSM unless specifically seconded to internal audit.

Reporting

An assignment report will be issued following each internal audit assignment. The report will be issued in draft for comment by management, and then issued as a final report to management, with the executive summary being provided to the audit committee. The final report will contain an action plan agreed with management to address any weaknesses identified by internal audit.

The internal audit service will issue progress reports to the audit committee and management summarising outcomes of audit activities, including follow up reviews.

As your internal audit provider, the assignment opinions that RSM provides the organisation during the year are part of the framework of assurances that assist the board in taking decisions and managing its risks.

As the provider of the internal audit service we are required to provide an annual opinion on the adequacy and effectiveness of the organisation's governance, risk management and control arrangements. In giving our opinion it should be noted that assurance can never be absolute. The most that the internal audit service can provide to the board is a reasonable assurance that there are no major weaknesses in risk management, governance and control processes. The annual opinion will be provided to the organisation by RSM UK Risk Assurance Services LLP at the financial year end. The results of internal audit reviews, and the annual opinion, should be used by management and the Board to inform the organisation's annual governance statement.

Data protection

Internal audit files need to include sufficient, reliable, relevant and useful evidence in order to support our findings and conclusions. Personal data is not shared with unauthorised persons unless there is a valid and lawful requirement to do so. We are authorised as providers of internal audit services to our clients (through the firm's terms of business and our engagement letter) to have access to all necessary documentation from our clients needed to carry out our duties.

Quality Assurance and Improvement

As your external service provider of internal audit services, we have the responsibility for maintaining an effective internal audit activity. Under the standards, internal audit services are required to have an external quality assessment every five years. In addition to this, we also have in place an internal quality assurance and improvement programme, led by a dedicated team who undertake these reviews. This ensures continuous improvement of our internal audit services.

Any areas which we believe warrant bringing to your attention, which may have the potential to have an impact on the quality of the service we provide to you, will be raised in our progress reports to the audit committee.

Fraud

The audit committee recognises that management is responsible for controls to reasonably prevent and detect fraud. Furthermore, the audit committee recognises that internal audit is not responsible for identifying fraud; however internal audit will be aware of the risk of fraud when planning and undertaking any assignments.

Approval of the internal audit charter

By approving this document, the internal audit strategy, the audit committee is also approving the internal audit charter.

FOR FURTHER INFORMATION CONTACT

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of East London NHS Foundation Trust, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM UK Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM UK Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.
RSM UK Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Integrated Care & Commissioning Committee (ICCC) 14 March 2024 – Committee Chair’s Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care & Commissioning Committee
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

To bring to the Board’s attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 14 March 2024

Key messages

Strategy and Annual Plan Update Q3

- An update on the delivery of the Trust’s strategy and 2023/24 annual plan detailed progress on the thirteen areas of high priority and the work to ensure a greater alignment of actions in response to the risks and challenges
- Work is under way to better understand the number of breakthrough initiatives that can be undertaken in any one-year period and the strengthening of infrastructure and organisational capacity required for robust delivery, noting the draft 2024/25 plan will have greater clarity around this and the corporate support wrapped around each programme
- Acknowledging this is work in progress, the committee sought further assurance on the prioritising of key areas for focus and greater transparency on progress and delivery
- Acknowledging the progress towards the five-year strategy, the committee also stressed the importance of maintaining the ability for agile discussion around the challenges to delivery as and when they arise
- Taking account of the various Board discussions on how to strengthen the delivery of the Trust’s strategy, the committee proposed that for 2024/25, each Board committee takes responsibility for delivery assurance of up to three specific annual plan priorities, whilst the Integrated Care & Commissioning Committee continues to keep under review the delivery of the Strategy as a whole.

North East London (NEL) and Bedford, Luton & Milton Keynes (BLMK) Systems Update

- The report summarised recent internal discussions particularly around the relative strengths, challenges and opportunities for both ICSs following their inception in July 2022 and set out proposals for a refresh of the Trust key lines of enquiry (KLOEs) for evaluating system initiatives and system working
- It is proposed that the Board’s stance will include: being helpful to our partners; collaborate where it makes sense to do so; being generous when we can; endeavouring to shape and influence rather than respond; and endeavouring to shift to a ‘we’ rather than ‘they’ approach
- The importance for the Board and senior managers to role model the behaviour of the whole organisation as a helpful and generous partner in all system working, maintaining a positive and proactive stance in the face of continuing challenges, whilst recognising the need for purposeful collaboration where this best serves the interests of our populations was highlighted
- Progress continues to develop collaborative commissioning in order to influence decisions around Trust spend and enable vigilance on duplication in the system and getting the basics right
- There continues to be an overwhelming system focus on finances and acute pressures; however, there are indications of a recognition of the leadership role ELFT can play in making a difference in improving outcomes for people with mental health conditions, learning disability and autism, and for people who use our community health services
- Specific work is continuing around building and managing firmer relationships in our systems whilst allowing for challenge in order to stay true to our values
- The committee stressed the importance of the Trust remaining true to our principles and core purpose to deliver improved health outcomes, influencing where we can both inside the system and externally

- The committee approved the amendments to the KLOEs to focus on the most effective deployment of resources, understanding the risks of collaboration as well as the benefits (attached at appendix 1 – changes are shown in green font for ease of reference).

Population Health Priorities 2024/2025

- The annual plan overview was presented, detailing the three main priorities around local employment support, physical health and income maximisation as well as the overarching actions to strengthen the impact of existing activities, develop space for new approaches and move towards the social determinants approach to population health
- Further work is being undertaken to detail expected outcomes against timescales and to build capacity and capability amongst staff, including the addition of specific population health modules into Trust-wide training programmes
- It is acknowledged that there are risks around the mechanics of delivery as there is no dedicated population health team, and the impact of current financial constraints

Primary Care Annual Report

- The report detailed the continuing growth of the primary care directorate, extending the opportunities for ELFT to impact significantly on population health across its wide geographical spread with robust structures in place to ensure the quality of primary care services through regular quality visits, audits and clear governance through internal boards and onto the Quality Assurance Committee
- A huge amount of work has been undertaken to strengthen the systems for navigation and signposting of pathways for patients as well as around patient feedback and engagement, in particular empowering representation from local communities and ensuring engagement with advocacy services for vulnerable inclusion populations; amongst other awards, the head of nursing for primary care was named RCN Nurse of the Year in recognition of her work to tackle inequalities around access
- Challenges remain around some of the estates; however, there is an opportunity to develop buildings through the sharing of spaces with community and multi-disciplinary teams
- The committee welcomed the opportunity to leverage ELFT's involvement in the primary care function to deliver transformation and improved patient pathways working closely with multi-disciplinary and community health teams and requested further discussion to explore the integration and support for this function, also noting the strong position of the Trust to develop career pathways in primary care nursing.

Board Assurance Framework – Risks 1, 2 and 9

Risk 1: *If the Trust does not build and sustain the right organisational capability and capacity to support integrated care this may impact adversely on our ability to deliver our strategic objective to improve population health*

Risk 2: *If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy*

Risk 9: *If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider or lead commissioner, this will impact on the quality and experience of care for service users and patients*

- There were no changes proposed to the risk scores for risks 1, 2 and 9, and agreement that appropriate controls are in place and operating effectively.
- The committee noted the developing of plans around people ready for discharge as part of risk 1.
- Following the recent Board development session on 18 February 2024, a further deep dive review of all risks on the BAF including the risk itself, target score, mitigating actions and trajectories will be undertaken using a QI approach and an update will be brought back to the committee at its meeting in May

Previous Minutes: The approved minutes of the Integrated Care & Commissioning Committee are available on request by Board Directors from the Director of Corporate Governance.

Appendix 1: Key Lines of Enquiry

Key Question
<p>1. Are we clear on the benefits for the populations we serve? Proposals for collaboration will need to demonstrate how they will tangibly improve outcomes, quality and value for the populations served by the Trust and by the ICS</p>
<p>2. Are we clear how the proposals will support the Trust to deliver its Strategy, and are in keeping with the Trust values? The proposals will need to demonstrate how they support the Trust to deliver the strategic objectives of the Trusts refreshed Strategy, including financial sustainability, and support was of working that are in keeping with the Trusts values,</p>
<p>3. Are we ensuring that service user and citizen voice is at the fore? Key to the Trust Strategy and values is the principle that service users, carers, and citizens are central to the design and delivery of our services. The proposals will need to demonstrate how they ensure that the people we serve are centrally involved</p>
<p>Proposal for a new KLOE: Do we have a clear sense of purpose in our collaboration, with clearly identified priorities and focus? Clarity on purpose, focus and priorities for work will ensure that our collaboration supports the delivery of our Strategy. A smaller number of measurable priorities would support clarity of purpose and focus, and the allocation of people (and other) resource appropriately.</p>
<p>4. Are we confident that the form of collaboration is appropriately aligned to the accountabilities? The accountabilities of ICS, collaborative, and the Trust need to be clear, with responsibility and accountability are clearly aligned, including with regards to any delegation the provider collaborative and trusts may take on</p>
<p>5. Are we taking our stakeholders and partners with us? In particular Bedfordshire, Luton & Milton Keynes partners, who may perceive any developments in NEL to indicate lack of commitment or divergence of focus, and local authority partners at place. The proposals should clearly identify the benefits for staff</p>
<p>6. Do we have the right capacity and capability and are we moving at the right pace? There are external drivers as a consequence of national policy and ICS implementation, and local drivers within both Trusts that will influence pace of change. Proposals will need to be driven at the right pace to achieve the benefits for our populations.</p>
<p>Proposal for a new KLOE: Are we coordinating our activities and deploying our resources effectively? Are we deploying people and other resources in the most efficient and equitable way? What activities can we stop in order to focus our resource efficiently?</p>
<p>7. Are we fully grasping the opportunities? There are risks that the focus could be predominantly on safe transfer of statutory responsibilities from CCG to ICS, that vested interests get in the way of change, and that as a consequence we do not realise the opportunities that these changes potentially facilitate. In particular, do we have a clarity on the opportunity to receive a delegation from the ICS for whole pathway commissioning & delivery?</p>
<p>Proposal for a new KLOE: Have we assessed and understood the risks of collaboration? There may be risks to the Trust in deploying people or other resources to system activities, have we fully assessed and understood the risk/benefit?</p>
<p>8. Do we have the support from the system and partners that gives us sufficient air cover? There was recognition that delivery of this framework will require adequate pump priming and system support for Both organisations from national requirements so that the focus of delivery was supportive of improving quality and reducing unwarranted variations</p>

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Quality Assurance Committee (QAC) on 4 March 2024 – Committee Chair’s Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton), chair of the QAC meeting on 4 March 2024
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Quality Assurance Committee (QAC) on 4 March 2024.

Key messages

Emerging Issues

- **Industrial action**
 - Further periods of strike action by junior doctors in early January and February 2024 with plans for future industrial action not known; appropriate cover continued to be provided to ensure the safety of our service users and services; however, there has been an impact on planned activity and high activity levels in mental health
 - Focus on staff wellbeing in acknowledgement of the demands over the last few months in particular; and a review of the Trust’s emergency preparedness is being undertaken in preparation for possible future action and also in identifying the best ways to support teams
- **Winter pressures:** Nearing the end of a challenging winter period where activity has been extremely high across all services; focused on ensuring the best clinical solutions are identified and taken forward with staff and service user involvement. Learning to be brought to a future meeting
- **Cluster review:** being undertaken following the deaths of three babies of service users to identify any learning and update will be provided to the committee through the patient safety reports. None of the service users are currently under the Trust’s services
- **Digital incident:** As notified to Board on 21 February 2024 a system breakdown resulted in a significant number of patient letters not being sent to GPs. Assurance provided there have been no significant incidents and although the issue lay with the suppliers for the RiO system, checks now in place to provide alerts to future problems and with timely notification from suppliers.

Patient Safety Plan Annual Report

- *Report is also being presented to the Board in public on 28 March 2024 as an agenda item*
- The report provides a one year progress on the Trust’s patient safety plan and includes an outline of objectives and work plan for year two which builds on the priorities for year one
- A range of positive progress has been made including positive engagement with the new safety incident response framework and transition to new reporting methods; greater involvement of patient safety partners in safety review forums; significant amount of work on safety culture including the establishment of a leadership group around safety as well as introducing a new framework for supporting staff after incidents
- Areas of challenge include the negative impact of the NHSE Learn from Patient Safety Events (LFPSE) on safety incident reporting; the transitioning to InPhase data management system alongside other changes; take up has been lower than expected on the two e-learning modules aimed at upskilling staff which were developed in the absence of national resources
- The committee acknowledged the progress to date and leadership from the Director of Patient Safety, and recognised that this is about long-term change.

Integrated Patient Safety Report Q3

- The reporting period spans both the introduction of the new InPhase and LFPSE incident reporting system and also the soft launch of the new Patient Safety Incident Response (PSIRF) approach to learning from incidents

- There has been an increase in overall deaths, a trend consistent with national data. The proportion of deaths rated as unexpected has continued to decrease and the further reduction is in sync with the transition to InPhase which may have impacted on this categorisation. A further analysis is being undertaken to ensure the data is correctly reported and monitoring of this metric will continue closely and any anomalies investigated
- Review being undertaken to understand the decrease in the number of cases escalated to patient safety incident reviews (previously serious incident reviews)
- Working with informatics team on accessibility to real time data in the light of the challenges experienced with transitioning to InPhase (which has been experienced by other Trusts) which has also impacted on reporting on learning themes. Learning from LeDeR is covered in the patient safety forum and no specific concerns raised. Future reports on learning will take account a range of other review/sources including deep dives into PfDs, complaints, etc
- Continuing journey to strengthen learning from service users to support safety
- There has been an increase in the number of concerns raised to the Freedom To Speak Up Guardian mainly due to increased reporting in a single directorate related to a specific environmental challenge.

Quality and Safety Report: Talking Therapies Services (formerly known as IAPT)

- **Overview of services:** a wide range of interventions provided in Bedfordshire, Newham and Tower Hamlets including community talking therapies and digital therapies for adults with common mental health problems through a stepped programme of care including webinars, self-help, group treatment programmes and 1:1 therapies
- **Achievements:** self-referrals amount to 75-80% and both first and second appointments national targets have been met with good outcomes; a quality forum is focusing on QI and people participation; service users co-created the clinical quality audit standards; the Step to Wellness project (a new way to provide psychological help based in IAPT model) in partnership with Southern Health & Social Care Trust in Northern Ireland; building relationships at ICS level including; move to digital service has contributed to reduction in agency spend and recruitment
- **Variations:** the service is the most cost-efficient service in NEL and BLMK ICSs; there is a disparity in investment, outcomes and quality across both ICSs
- **Challenges:** new operational guidelines mean moving from the number accessing to the number of completed cases as well as new outcome metrics – awaiting clarity to see how these will impact on services; also awaiting funding clarity – have been preparing for limited investment and reviewing how to use resources effectively as well as opportunities to generate income; no growth will impact on trainees retention
- The committee commended the work of the team in the Step to Wellness project, noting its application could be taken forward by other service providers

Quality and Safety Report: Addiction Services P2R

- **Overview of services:** P2R is the drug and alcohol service for Bedford Borough and Central Bedfordshire run from two hubs, supported by homeworking, in-reach across the health and social care landscape, and includes a digital offer with one of the largest drug services in the country with c1400 patients at any one time
- **Achievements:** service is clinically led; full service now embedded in criminal justice service with P2R staff in courts prisons, cells and probation; people participation now embedded across the service with a PP lead in post which has resulted in significant cultural change; various medication changes resulting in excellent outcomes; rough sleepers service has reduced the harm of increased rough sleeping and lower opiate deaths
- **Variations:** continued significant increase in numbers presenting for treatment and seeing increased complexity; a change in demographics with higher numbers of older people presenting with physical illness and identifying as drug dependent which is challenging due to their co-morbidities
- **Challenges:** working with the estates team on a capital bid for another building in Bedford as current building is no longer fit for purpose due to expansion of the team; staffing profile would improve with psychology and psychiatry input due to increasing complexities – working with adult mental health to recruit joint posts; increasing workloads impacting on staff wellbeing

- The committee commended the energy and drive in the service and in particular the increased people participation activity.

Cross Cutting Theme Deep Dive: Safety and Quality of Inpatient Services

- The report built on previous reports presented to the committee and Board to provide assurance around the safety and quality of care in the Trust's inpatient wards, subsequent to the publication of the independent review related to issues identified at Greater Manchester Mental Health NHS Trust which were first identified in a TV documentary in 2022
- The Trust is focusing on identifying the strength of our systems and culture with an objective view on how we would know if there was a safety issue, if there is a culture which enables people to speak up and take action, and how we might further strengthen systems, culture and practice to provide safe, compassionate and high quality care
- It is crucial to ensure there are mechanisms for both staff and service users to speak up and the importance of having ways to improve working together to solve safety challenges was highlighted. The Trust's focus on clinical leadership was acknowledged as being a strength
- The committee recommended that future reports summarised the key actions, timescales, progress against these and the resulting impact, and going forward to consider how assurance can be triangulated and aligned across committees including how Non-Executive Directors can also provide assurance across committees.

Board Assurance Framework: Risk 4 improved patient experience: *If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increase the risk of harm:*

- Impact of the recent industrial action has been more challenging due to the timing, supporting the two ICSs and also seasonal operational pressures within our services as well as the wider system, particularly ED and ambulance services; and demand remains high in crisis services and bed occupancy is consistently high above 90% and there has been an increase in the number of teams with growing waiting lists
- Following the recent Board development session on 18 February 2024, a further deep dive review of the risk, target score, mitigating actions and trajectories will be undertaken using a QI approach and an update will be brought back to the committee at its meeting in May
- Due to the continuing challenges in services, the committee approved the recommendation that the current risk score remains at 12 High and agreed that appropriate controls are in place and operating effectively.

Internal Audit

- Good progress has been made with the quality assurance related internal audits with no outstanding reports and one management action in progress with a revised implementation date
- Since the last meeting the draft report on risk management has been issued.

Guardian of Safe Working Q3

- Junior doctor work schedules remain compliant with the junior doctor contract
- Reporting of exceptions to work schedules has increased in Q3 with 50 reports in the period compared to 44 in Q2 – the majority related to hours and rest
- There were two breaches of the junior doctors contract which remains the same as for Q2 – reasons were a delayed handover and one doctor being unable to take the minimum rest period
- Majority of junior doctors request payment rather than time in lieu for additional hours worked
- There are low reporting rates in Bedfordshire and Newham; and high reporting rates in Hackney and Tower Hamlets. Continued focus on encouraging reporting from CAMHS where there continues to be no reports
- The committee noted this was Nicole Eady's last presentation as the Guardian and commended and thanked her for the clarity of her reports and her focus on supporting junior doctors.

Previous Minutes: The approved minutes of the previous meeting are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Quality Report
Author / Role	Duncan Gilbert, Associate Director of Quality management Auzewell Chitewe, Associate Director of Quality Improvement Marco Aurelio, Associate Director of Quality Improvement
Accountable Executive Director	Dr Amar Shah, Chief Quality Officer

Purpose of the report

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is contained within the performance report, which contains quality measures at organisational level.

Key messages

The quality assurance section of this report focuses on the safety and quality of care in our inpatient wards, subsequent to the publication of the independent review related to issues identified at Greater Manchester Mental Health NHS Trust, which were first aired in a Panorama documentary in 2022. This report builds on previous reports presented at Trust Board and Quality Assurance Committee, since the concerns in Greater Manchester were first identified, and again following the Lucy Letby conviction last summer.

The report aims to identify the strength of our systems and culture against the key domains of the inquiry report, and utilises feedback from service users and staff, regulatory assessment, accreditation assessment and other processes, in order to provide a semi-objective view on how we would know if there was a safety issue, and how we might further strengthen our systems and culture.

The six domains within the inquiry report are:

- The voice of patients, families and carers
- Leadership
- Culture
- Workforce
- Governance
- Organisational learning and responsiveness

The report sets out the work that has been underway at ELFT on each of the six areas above. A wide range of work is described, but much is centred on delivery of existing core programmes, namely:

- Patient safety plan, in particular strengthening the learning processes and safety culture

- Leadership at ELFT, embedding of core leadership values and behaviours, supporting psychological safety and an open, just culture
- People plan, in particular staff engagement, recruitment and retention

The QA section concludes with a set of actions that are underway, in the light of this most recent appraisal of safety, leadership and culture, to further strengthen practice and improve the Trust's ability to provide safe, compassionate, high quality care.

The Quality Improvement (QI) section of this report provides assurance regarding the progress of the Quality Improvement plan in supporting the strategic goals of the organisation.

The Pursuing Equity programme has seen 25 teams actively engaging in projects aimed at addressing health disparities, with the majority of teams integrating service user involvement. The inpatient Quality and Safety programme has successfully identified through testing, three core change concepts that are being applied across all inpatient units, and the widespread adoption of the Safety Bundle in most wards.

The North East London Integrated Care System has benefitted from ELFT's support to apply the quality improvement method to setting and delivering strategic priorities. This has resulted in 23 projects aimed at improving care for young people and mental health.

The Trust's most experienced improvers have been supporting a small number of high impact Trustwide QI projects with some notable developments. The Bedfordshire and Luton Mental Health Crisis Pathway team have reduced medication waste by 95%. In the patient safety work, QI is being used to develop and deliver a comprehensive strategy through the use of QI tools. Senior leaders are addressing a 96% bed occupancy and improving medical and nursing staff recruitment through QI methods.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	Applying the QI method across the integrated care system. Large-scale QI programme on pursuing equity and Inpatient quality and safety
Improved experience of care	<input checked="" type="checkbox"/>	Learning and improvement focus. QI approach to tackling waits and flow
Improved staff experience	<input checked="" type="checkbox"/>	Supporting the staff development and strengthening the leadership that enables staff to flourish. Improving recruitment of medical and nursing staff
Improved value	<input checked="" type="checkbox"/>	Effectiveness and high quality and safety are a key component in the value calculation. Most quality improvement work enhances value through improving productivity, with some work focused on

		cost avoidance/reduction or improving environmental sustainability
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Implications

Equality Analysis	Many of the areas that are tackled through quality assurance and quality improvement activities directly or indirectly identify or address inequity or disparity.
Risk and Assurance	This report is aimed to identify risks related to quality and safety, to provide assurance on the work underway to mitigate these risks, and identify actions we can take to reduce these risks.
Service User/ Carer/Staff	The report provides information related to how we listen to the experience of service users and carers, and the systems in place to ensure that this leads to continual improvement in quality and safety.
Financial	Nothing presented in this report which directly affects our finances.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

Committees/meetings where this item has been considered

Date	Committee/Meeting
04.03.24	Quality Assurance Committee (for the quality assurance section of this report)

1.0 Background

- 1.1 This report provides assurance to the Board in response to key findings of the recently published Independent Review of Greater Manchester Mental Health NHS Foundation Trust (GMMH).
- 1.2 In September 2022 the BBC broadcast their current affairs programme Panorama which showed evidence of abuse and poor care of patients within the Edenfield Centre in Prestwich, Greater Manchester, a mental health medium and low secure service, supporting patients with a range of complex needs.
- 1.3 In November 2022, NHS England commissioned an Independent Review of Greater Manchester Mental Health NHS FT. The main focus of the review was on what had happened at Edenfield, but it also looked at the systemic nature of the concerns raised, and whether similar issues could be happening elsewhere in the Trust.
- 1.4 In so doing, the review presents an opportunity for ELFT to reflect on its own in-patient mental health services, and to make use of the methods and findings of the review to assure itself that essential standards of compassionate care and treatment are being delivered and to learn from the experience of others.
- 1.5 The GMMH review sets out findings across 6 dimensions at the unit level:
 - **The voice of patients, families and carers** - Commitment to valuing the contribution of people with a lived experience, listening to service users and carers with kindness and compassion, and responding to feedback

- **Leadership** - There is a significant focus on leadership in the NHS (both structures and effectiveness) because the style of leadership adopted sets the tone for how staff interact with each other. This in turn determines the kind of culture an organisation will have, and in healthcare, evidence shows that culture has a significant impact on the quality of care provided. Deficits in leadership enabled the failures in compassionate care that took place.
- **Culture** – Driven by the leadership of the trust, culture is a key determinant of behaviour and outcomes, at GMMH clinical leadership tended to be overridden by operational imperatives and created an environment where “the trust was one that was more interested in organisational growth, maintaining a positive external reputation and achieving performance targets”.
- **Workforce** – “The influence of adequate staffing who know the patient is an important requirement for the maintenance of relational security, therapeutic alliances and successful outcomes for patients”, insufficient understanding of staffing levels and the impact on quality and safety meant that the consequent risks were not effectively responded to and managed.
- **Governance** – Linked strongly to leadership and the functioning of the Board, this relates to how the Trust is run and overseen at its highest level, and key concerns and risks are identified, escalated and addressed. Changes in the governance structures compromised the effective oversight of the organisation.
- **Organisational learning and responsiveness** – how well does the trust learn when things go wrong, are the right questions asked, are the right issues identified, are the correct actions taken, are the actions timely and effective?

The report goes on to look at the wider trust, and at the trust within the wider healthcare system.

2.0 An initial response to the Panorama and Dispatches documentaries aired in September 2022

2.1 In November 2022 the Trust Board, as part of the regular Quality Report, received a report in response to both the Panorama documentary and a Dispatches documentary of a similar nature. That report focused on how we support the provision of safe, high quality inpatient care, and outlined the approach we take at ELFT to creating an open culture on our wards, enabling service users, carers and staff to speak up about the quality of care being received or provided, and how we continually improve.

2.2 Across the two programmes, some critical issues were identified that underpin safe care, and the report set out current practice and data, along with areas where improvement work was being undertaken:

- Closed cultures, and visible and effective leadership
- Just culture, speaking up and effectively learning lessons
- Safe observations
- Listening to service users and carers
- Use of restrictive practices

2.3 Following broadcast of these documentaries, the Chief Nurse and Director of Nursing conducted a deep dive into the quality and safety of care in our in-patient services. This work was undertaken with the assumption not of ‘this will not happen in ELFT’, but by asking if our systems and cultures are robust enough that we would know where this is happening. The wheel below describes a framework established for oversight of in-patient quality and safety, with a high-level plan of work developed to ensure effective oversight and good practice across the domains, led by the Chief Nurse. At the time of the initial report this plan had been presented to the Quality Assurance Committee, which would have oversight of its implementation.



2.4 In March 2023, the Quality Report to the Board included a follow up to the above, which looked in some detail at how the trust protects its services from the development of closed cultures, and how it recognises and responds to concerns and the potential cultural problems in particularly high-risk services. The report summarised what our data was telling us about these high-risk services, based on known warning signs such as incident reporting, use of restrictive practices, openness to external scrutiny and engagement of service users in providing feedback and improving services. The report outlined the workstreams underway to continue to strengthen our systems of quality and safety, with particular attention to leadership, and data systems.

2.5 In September 2023, the Board received a further report that responded to the conviction of Lucy Letby for serial murder and attempted murder at the Countess of Chester hospital. While this was a shocking, extreme and thankfully rare case, it presented the opportunity to examine the core issue as to whether our culture and ways of working would enable us to detect and act on potential harm to service users. As such, this is very much pertinent to the findings of the GMMH report – reflected in the findings and actions set out in that report to the Board, some of which overlap with the previous reports referred to above.

2.6 Looked at collectively, these reports provided assurance across the dimensions set out in the GMMH report, and broadly align with the in-patient framework set out by the Chief Nurse and Director of Nursing.

3.0 The current position of the trust

3.1 What comes across loud and clear from the GMMH report is the fundamental nature of effective **leadership and a healthy organisational culture** - all else is dependent on having this foundation in place.

Work led by the interim Chief Executive and Chief Quality Officer to co-design a common understanding of leadership at ELFT, clarified the leadership behaviours and practices valued at ELFT and associated with high functioning teams. The implementation plan is

in place, with an executive group overseeing delivery. The plan will deliver structured approaches to ensuring local clinical and service leaders are visible and can hear directly from teams (directorate-level walkrounds), supporting every team to adopt the six practices of healthy, happy teams (supportive supervision using the Trialog tool, regular away days, huddles, use of data, people participation, quality improvement), developing bespoke leadership support for first-line managers, and creating ways for leaders to routinely reflect on behaviours based on feedback from a range of sources.

- Board leadership

There is an expectation in NHS trusts that the Board acts as a unitary body, and the GMMH report finds that this did not always happen. Challenge of the executive was unwelcome and consequently not effectively provided.

All NHS Foundation Trusts are required to hold an NHS Provider License, and must undertake an annual self-certification to ensure the terms of the license are met. The Director of Corporate Governance oversees this process, and reports terms are currently met.

NHS England published a new Fit & Proper Persons Test (FPPT) framework in August 2023 in response to the recommendations made by Tom Kark KC in his 2019 review of the FPPT which takes into account the requirements of the CQC in relation to Board Directors being fit and proper for their roles. Guidance for implementation was also published, with the expectation that elements of the framework would be in place from 30 September 2023 with full implementation by March 2024. An initial review of the implications of the FPPT Framework on the Trust's current policy has been undertaken; changes required to the process and systems identified and policy currently being updated to ensure preparedness for implementation by 1 April. The review finds that many of the new/enhanced requirements are already reflected in the policy and process which had been reviewed in its entirety in 2022 following the enquiries by BBC East into the qualifications claims by a director in 2021 and the subsequent internal review.

In addition, the Trust had been applying some of the requirements since the new guidance was issue, for example completion of the standard reference template for NEDs when leaving the Trust.

The trust has an active Council of Members, and a robust and effective Board of Governors that has a clear and transparent set of priorities, aligned with delivery of the trust strategy, and is able to hold the trust Board to account on its performance, and that of the trust. The Board has committees with executive and non-executive attendance, with governance and action-planning. The committees vary in their level of scrutiny of data, which is an area to potentially standardise and strengthen. Section 4.2 has further detail in relation to organisational governance, arising from findings from the GMMH review.

- Clinical and senior leadership, visibility and clinical/operational cohesion

The GMMH report describes tensions, affecting performance, between operational and clinical leadership, with operational concerns tending to override the clinical, and a lack of visibility of executive and senior leadership.

Clinical leadership is embedded into ELFT structures and ways of working. The Trust places clinicians at the centre, working in partnership with operational leaders at all levels of the organisation – such that there is strong clinical leadership at service, directorate, executive and board level. In managing quality of care, there is a strong focus on relationships and a vigilance around the functioning of those relationships. As a result, any problems identified tend to be actively addressed.

Balance of operational and clinical leadership is supported by the equal footing in Directorate Leadership structures, and central governance arrangements that bring clinical and operational leadership together, for example at the Service Delivery Board. In addition, the Trust Chief Operating Officer is from a clinical (nursing background), and works closely with clinical leadership groups (which have a strong voice in their own right). The Trust Board includes 6 Executive and 3 Non-executive members with clinical backgrounds.

Executive walkrounds are a key element of leadership practice within ELFT, and have been in place for over a decade. Walkrounds aim to take place at least once a year to every service. During the last financial year, over 250 executive walkrounds were scheduled with our services, and have a semi-structured format with learning fed back to local leadership immediately, so that they can hear the topics that were raised and take any needed action.

Non-Executive Directors also conduct visits that are structured along similar lines. 20 NED walkround have taken place over the last 12 months.

Thematic learning from walkrounds is presented to the Board annually, triangulated alongside other forms of staff and service user feedback. One area that is being strengthened is the recording of actions taken by directorates, in response to issues identified.

At directorate level, we recognise that leadership walkrounds are more variable. They are routinely conducted in some, but not all directorates. Where they do take place, there is no standard approach in terms of frequency, focus, record-keeping etc. In addition, a variety of walkrounds are used locally to monitor and check a range of aspects of quality and safety, for example Estates walkrounds, Infection Control walkrounds, Matron walkrounds etc. Again, local practice tends to vary - some are informal, and others follow a set format and check against specified standards or expectations.

The ELFT leadership framework makes clear that leadership visibility and accessibility is a key tenet for senior leaders. Through quarterly quality reviews, the executive team have been working with directorate leaders to develop a more standardised form of leadership walkround between clinical and service directors and local teams.

- Organisational and personal development

The GMMT report describes inattention to the effectiveness of leadership structures, alongside a lack of support, development and opportunity for reflection and learning, resulting in leaders who struggled to be effective, particularly in challenging and changing environments.

The Senior Clinical Leaders' Programme is personally sponsored by the Chief Quality Officer, and is in its fifth cohort. The design and delivery of this programme is informed by best practice globally in leadership for quality, and a high proportion of the participants have taken up clinical director or service director roles, at ELFT or other providers, within a year of completing the programme.

There are nursing development programmes in place for all levels of nursing staff, and all programmes incorporate leadership and effective team working.

The ELFT Learning Academy has a range of training courses for leaders and managers, current and aspiring. Some focus on practical things such as HR process (e.g. respectful resolution: managing grievances and complaints) and others are more wide ranging and

developmental such as ELFT Lead (for Band 5-7 staff), and ELFT Senior Leaders Programme (for those aspiring to Associate Director roles).

By including modules on values and strengths, emotional agility, team dynamics and trauma informed care, these courses foster the compassionate leadership culture that promotes psychological safety, the ability to raise concerns and a willingness to act on them. Psychological safety, in particular, is a key element in the safety module of our leadership development programmes, and across all of our quality improvement training.

The trust has also been strengthening its approach to delivering and monitoring supervision and appraisal to all staff. People and Culture are leading the procurement and implementation of an online supervision platform. Work is underway with the supplier to agree our priorities for the design, and we intend to launch tools in phases over the coming months. Learning and development have worked closely with performance teams to report on supervision completion for inpatient wards, and data has been collected for December and January. Current data indicates around 70% of inpatient staff receiving supervision. This reporting will continue until the online system is up and running and reporting automated.

An online appraisal record has been in place since 2022, and during the last appraisal period (April to July 2023) we reached 69.8% completion during the appraisal window, which rose to 79.6% since the window closed as new starters and staff who missed it in the window (e.g. maternity or long term sick returners) have completed them. This is a significant improvement on 2022 when we achieved 59% of staff recorded as having received an appraisal.

3.2 Closely related to, and dependent upon effective leadership and health culture, are Patient and Staff **Safety systems and culture**

In April 2023, the Safety Plan was launched at a shared learning event led by a collaboration of service users, safety experts, our Director of Safety and Assistant Director for Quality Improvement.



The Director of Patient Safety reports regularly to the Quality Assurance Committee (QAC) on implementation of the plan, and its impact. A year on from its launch, a comprehensive report on progress was presented to the March 2024 QAC, with a summary shared at the March 2024 Trust Board. It is important to note that delivery of the safety plan is central to ensuring we are taking the learning from reviews such as GMMH, and building both the systems and the culture for safety and learning.

The GMMH report highlights significant issues arising from poor safety culture, not least reticence in speaking up about concerns ultimately leading to poor care and abuse going unchallenged. Key developments over the past 3-6 months pertinent to the issues raised in the report are:

- **Safety culture improvement work**

A programme of dedicated work to improve safety cultures across the trust has been taking place during 2023. This year's progress includes development and introduction of a Safety Culture In-Patient Team Staff Self-Assessment tool which is now embedded within our annual QCQ readiness programme for all in-patient wards, with the aim of improving awareness, triggering Safety Culture conversations and improvement work.

We are currently in the process of evaluating the impact of the tool, to inform further development, codesign and potential application more widely within the trust e.g., within community teams. We also intend to work towards incorporating service-user reported measures of safety culture to provide more rounded view.

Schwarz Rounds have now started being held within ELFT community health services. Newham and Tower Hamlets have held their first round, with excellent attendance and engagement of local teams, and Luton and Bedfordshire have their round booked to take place next month.

Schwarz Rounds are structured forums where staff (both clinical and non-clinical) come together to regularly discuss the emotional and social aspects of working in healthcare, in a psychologically safe space. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

It is expected that a positive safety culture is one in which staff and service users feel safe raise concerns. For staff there are a range of informal and formal mechanisms for doing so. In a healthy safety culture one would expect the informal route to be commonly used, but accessing other more formal routes are also an important measure.

Overall, concerns raised through the Freedom To Speak Up Guardian are rising. In the wake of the Letby case, where there was considerable attention on speaking up, a great deal of work was undertaken by the FTSU Guardian to further strengthen the process and to encourage more staff to speak up. Action has been taken to improve transparency and follow up when FTSU concerns are then shared with People and Culture to investigate. Currently there is a gap in ensuring that the person raising concerns is kept updated as to what action is being taken, and ensuring the learning from the investigation is shared. The Freedom to Speak Up Guardian is working alongside the Associate Director of People and Culture to refine the FTSU process, with the aim of:

- taking into account if a preliminary investigation / formal investigation / formal review is required
- providing time frames for staff involved in resolving the concern
- clarifying expectations on documenting outcomes and learning being taken forward and how this will be implemented
- setting out who is responsible for feeding back to the colleague who raised the concern

The ELFT FTSU process has also been subject to recent internal audit, which provided partial assurance. An improvement plan is in place to address the gaps identified, and progress is reported to the People and Culture Committee.

For service users, there are similarly a variety of routes, formal and informal, to raise concerns about safety or other aspects of their care and treatment. First and foremost, service users must feel safe to raise those concerns. Since December 2023, the trust has asked service users this question directly as part of our PREM survey. Across our in-patient services, the responses to the statement 'I feel safe to raise concerns about my care and treatment' have shown around 78% of service users feel safe to raise concerns.

Available Answers	Responses	Score (%)
Strongly Agree	102	33.22%
Agree	135	43.97%
Neither Agree nor Disagree	35	11.40%
Disagree	19	6.19%
Strongly Disagree	16	5.21%
Total	307	100%

This is broadly comparable to the Trustwide data, below:

Available Answers	Responses	Score (%)
Strongly Agree	880	38.97%
Agree	981	43.45%
Neither Agree nor Disagree	225	9.96%
Disagree	102	4.52%
Strongly Disagree	70	3.10%
Total	2258	100%

- Learning, and Sharing of Learning from Safety

The NHS Patient Safety Incident Response Framework (PSIRF) is the new NHS approach to responding to patient safety incidents, for the purpose of learning and improving patient safety. PSIRF is a significant transformation towards a data-driven and coordinated approach to patient safety. Advocating for compassionate engagement with those affected and also embedding incident response within a systems and improvement focussed approach. Work undertaken to progress towards PSIRF has included:

- Initiatives to clear the backlog of Serious Incidents and improve SI action completion
- Codesign through a series of workshops with staff, service users and carers
- Coroners' engagement process commenced, led by our Chief Medical Officer.
- Training
- Clarifying the incident pathway, developing a just culture, developing a set of internal resources to support this new approach to learning

We are now in the transition phase, having gone live with a soft launch in December, where we introduced:

- A new incident management pathway with strengthened local and senior involvement in a new decision-making panel whose aim is to support proportionate learning response and effective use of new learning methods.
- After Action Review as an additional learning method after safety incidents – around 30 have been conducted across the Trust in the last three months
- Patient Safety Incident Investigations, in place of Serious Incident Reviews, using a systems approach rather than traditional Root Cause Analysis.

Other safety learning methods are also being piloted, including a number of safety learning reviews making use of frontline observations work to learn better from “Work-as-Done”, using the Systems Engineering Initiative for Patient Safety (SEIPS) framework. In the year ahead we anticipate also bringing in the use of MDT Safety Reviews and Swarm Huddles.

Work is taking place in parallel to enhance our focus on triangulated insight and improved collation, analysis and presentation of safety data via integrated safety reporting and our new safety triangulation huddle, where colleagues from our risk and governance, complaints, PALS, FTSU and legal teams review safety data in a regular way to identify new themes and issues, which can then be shared for further action via our safety forum. We are also working with our informatics colleagues to develop dashboards of our key safety metrics to improve ease of monitoring for our safety data.

Sharing of safety learning has been the focus of a key quality improvement initiative. The Trust has developed new ways of sharing learning from significant safety incidents, such as via learning briefings and cascaded learning points from our Safety Incident Committee. We have also launched a Safety Newsletter which has attracted consistently high levels of readership.

- Involving service users, families and carers

Involvement of service users and carers is a key aspect of our safety plan work with an emphasis on supporting service users to lead on their own safety and amplifying the service user and carer voice both within our safety systems and safety culture.

PSIRF training has included a module on involving and supporting those affected by safety incidents, and as part of our safety plan.

Within the year we have successfully recruited our first two Patient Safety Partners, who have now been in post for three months and are actively involved in our Safety walkarounds, safety forums, PSIRF transformation work and improvement work, bringing further emphasis and support for involving service users and carers for safety. Our PSPs are also involved in Carer Strategy working group and the ELFT patient experience forum, to ensure safety is a focus in both these areas of parallel work.

3.3 Openness to feedback, and hearing the patient and carer voice

The GMMH report is clear about what was heard from the service users and carers spoken to in the course of the review about the importance of co-production and the need for inclusion of people with a lived experience of mental illness, their families and loved ones. People wanted to be seen and treated as equal in the planning and delivery of care. And yet there appears to have been a deafness to the voice of the service user, and carer, which has impacted on the culture and the ability to delivery safe and compassionate care.

Putting the service user at the heart of what is central to the ethos of ELFT. A well-developed infrastructure for People Participation (PP) has been crucial to delivering safe, high quality, continuously improving care. The ongoing strengthening of co-production and involvement in service development, leadership and delivery remains a core element of the Trust strategy. The PP team has grown from three PP Leads in 2008 to more than 140 including PP leads, Peer Support Workers (PSWs), People Participation Workers (PPWs), befrienders and admin support.

Each directorate now has a local Working Together Group and a People Participation lead (PPL). In practice, local working together groups are the driving force behind effective

people participation, where local priorities are agreed (in line with the strategic objectives set out by the trustwide working together group), actions identified, and implementation monitored.

Alongside People Participation structures are systems for collecting, measuring and understanding patient and carer experience, including:

- Complaints, PALS and compliments
 - Patient Reported Experience Measures (incorporating NHS Friends and Family Test)
 - Care Opinion (collecting and responding to patient stories)
 - Incident reports and other patient safety measures (such as safety cross)
 - Patient Reported Outcome Measures (such as Dialog+)
 - Service User Led Accreditation
-
- Complaints

The Trust's Complaints Policy requires that all complaints are reviewed, responded to, and remedial actions put in place where required. The implementation of the policy is monitored by the Quality Committee. Complaints are routinely reviewed locally in the relevant directorate governance or quality forums. These vary by directorate, but typically involve review of all complaints received within a given period, and the extraction and sharing of learning from those complaints within the directorate. An annual Learning from Complaints Forum is held that also aims to share learning and key themes across the Trust. Further work is being started to share learning and themes beyond service level, and Complaints are represented at the Patient Safety Forum.

The trust and the complaints team work to promote and ensure accessibility to the complaints process when needed, though informal raising and resolution of concerns is preferred, and the PALS process is in place to support this. Overall numbers of complaints received are monitored by the Quality Committee, and over the past 6 months numbers of complaints have been increasing, which is held to be a positive development reflecting the accessibility of the process.

Recent changes have also led to improved communication with complainants regarding changes as a result of their complaint. At the end of the investigation when learning is implemented, a SMART action plan is developed with a deadline for implementing the learning. The Complaints team are now actively getting feedback that those action plans are implemented and subsequently informing the original complainant. This has ensured that complainants get to hear about the impact their complaint has had, and can be assured that areas for improvement have been addressed

Work is currently underway to streamline the responsibilities of the complaints team. There is a QI project which is focusing on the quality of responses from services and completion time. Data analysis remains a greater component of the team and there is work being led by the executive lead of the team to strengthen the current reporting systems.

- Patient reported experience measures (PREM)

In December the Trust moved to a new provider for its patient survey and Friends and Family test platform. The new platform offers a number of potential benefits, and there was no interruption of service involved in the transition, however we have seen an impact on the volume of feedback being collected, and the Quality Assurance team are working closely with services affected to ensure that they receive the support they need to collect meaningful feedback, that supports improvement.

The Trust continues to promote the open online platform Care Opinion. The number of people using Care Opinion to give feedback has been increasing, and over the last eight months, 174 people have shared their stories. These stories have been viewed 5860 times. The majority of feedback received through Care Opinion is positive, with the main sources of satisfaction being:

- Friendly and helpful staff
- Receiving the support and advice they needed
- The service being delivered in a professional way

The Trustwide Patient and Carer Experience Forum continues to provide a space to share the learning from patient and carer experience, and the opportunity to triangulate and learn from the various sources of feedback data.

- Service User Led Accreditation

Accreditation is a powerful way of understanding the quality of our care is through enabling our service users to define the standards and assess our services against these standards. It serves as both an insight into experience and how services are delivering what matters most to our service users, and an opportunity for teams to open themselves up to scrutiny and some objective feedback on their strengths and areas for improvement. The Quality Assurance team that supports the process, are working hard with service user assessors and clinical services to ensure all of our in-patient services are accredited. To date we have 22 in-patient teams accredited, which includes all the in-patient wards in Luton and Bedfordshire, 42 at various points of the accreditation process, and only 2 yet to register for the programme.

The programme is currently in the process of being adapted for Corporate/Non-clinical services, with testing of the standards and assessment process scheduled to take place during March.

3.4 Use of data to understand quality and safety

The trust has worked hard over the past number of years to make the right data available to all staff, more transparent and real-time, and integrating data from different sources so that people only have to go to one place to view all their data.

The informatics team has been developing apps for each of the core services provided by the Trust, the most mature of which is for inpatient mental health services. These apps bring together all data in one place – from our clinical record system, the incident reporting system, service user feedback, the workforce system, finance system, the learning and development platform, and many others. Each app is co-designed with clinical staff, developed, tested and refined over time. Workshops are run to help people learn how to navigate and make use of the apps.

We have scaled up our real-time screens within the ward offices to 12 wards (from 8) and a further 21 are in the process of being installed, 4 in adult mental health and 17 in the Forensic specialty. All 12 wards have been visited by a member of the analytics team to ensure staff can interact with the screen and have been provided with a guidance document attached to the screen. We are now beginning a programme of on-site training with the wards, ensuring the staff are confident in using the data and able to feedback suggestions for improvements.

We are developing our early warning system for inpatient wards, which utilises data from six different metrics to alert clinicians to possible signs of concern on a ward before a serious event occurs. We have included staffing and finance data in the dataset, and will

be testing this alongside an automated emails system to alert relevant clinicians and managers in March 2024.

In addition, new visualisations of patient experience and FFT feedback have been developed, which include new functionality to understand experience across demographic/personal characteristics, and the use of AI to process language and allow powerful analysis of qualitative feedback. Final updates are being made before these are available to all staff, and demonstrations and tutorials are being undertaken in the meantime to ensure that staff can make the most of these innovations.

Work is underway, led by the Chief Quality Officer to support Directorate Management Teams to review the strength of quality control systems within each of the directorate management teams. A robust quality control system would include:

- The use of data in a way that helps understand variation and inform decision-making in as close to real-time as possible
- Problem-identification and problem-solving, with clear actions that are followed through
- Clear routes and thresholds for escalation
- Clear connection to other aspects of the quality management system – plans, assurance and improvement

This work has been undertaken across Community Health Services in Newham and Tower Hamlets, and Forensic Services, It is underway in City and Hackney and Luton and Beds Crisis Services, and planned to commence in CAMHS soon, with the aim of working with all Directorate management teams during the course of 2024.

4.0 Further learning from the GMMH review report

4.1 There are some areas of focus that come across in the written report that had less emphasis in the television documentary, and as such additional assurance is set out regarding the position in those areas.

4.2 Organisational governance

The report draws a distinction between leadership and governance, and looks at Board functioning, and the functioning of the committee structures that feed into it.

The Trust Board always ensure that the service user voice is front and centre, and that stories are both a feature of reporting, but also related directly to the Trust Board. In addition, the People Participation Committee is a committee of the board. The Trust Board engages in regular 'development sessions'. These sessions are typically externally/independently facilitated, and are designed to optimise the functioning of the board, with the next scheduled meeting planned to look specifically at leadership for quality, and effective challenge to ensure delivery.

The Director of Corporate Governance reports excellent attendance at Board meetings and other all-board activities. Board papers aim to balance qualitative and quantitative data, and should highlight gaps and risks, and clearly state what is being done to address them. Board papers are generally deemed of a good standard, though there is perceived to be some variation in quality and a need to consistently focus on impact and to ensure evidence is provided that all identified risks or deficits are being addressed. Board papers are typically submitted and circulated reliably and to the required timescale.

It has also been observed that when key quality and/or risk issue cross functional boundaries, it is possible for key information on a single topic to be reported in separate

reports without reference to one another. An example of this may be temporary staffing where financial implications and actions are presented in one report, the quality impact in another, and the People and Culture team response in another. A triangulation of this information would improve understanding, the ability to spot risks and hotspots, and support prompt remedial action.

Committee structures are subject to regular internal review, and felt to be well-balanced and effective. For an objective view it will be helpful to request internal audit of governance structures in support of the Board.

The report also draws attention to the potential impact of organisational growth to the detriment of a focus on quality and experience, and compromising the ability of support teams to function effectively across all services.

'We heard that there was insufficient attention given at Board level to the impact of the expansion of the organisation, particularly in relation to culture, quality of care, and post-integration plans. We were also told that the expansion of the organisation did not have a corresponding investment in leadership or governance resource'

This is a pertinent issue for ELFT. Strong leadership structures around new services, for example Primary Care, have been protective. And the Board is sighted on Quality across services through a range of reports including this one, and the Performance Report, as well as through reporting through committees (in particular the Quality Assurance Committee). The trust has reviewed its corporate/support resource in relation to its expansion, and the analysis shows no underinvestment compared to growth (of around 6%). However, the executive team are due to have a further conversation shortly related to the corporate resourcing requirements related to the growth of the primary care directorate.

4.3 **Workforce and safe staffing**

There is considerable attention in the report to safe staffing, both in terms of data and what constitutes safe staffing, how unsafe staffing is recognised, how it is acted upon and the impact of diminished workforce.

"The influence of adequate staffing who know the patient is an important requirement for the maintenance of relational security, therapeutic alliances and successful outcomes for patients. (Royal College of Psychiatrists Centre for Quality Improvement, 3rd Edition 2023)"

The Trust collects and reports on a great deal of workforce data. The People and Culture Committee is the chief but not sole recipient of this data, and the People and Culture team are the chief but not sole generators and curators of the data.

However, as the report itself demonstrates, 'safe staffing' is complex and multi-factorial. The report highlights that "It is good to see that the GMMH Safe Staffing Report to Board reflects the current position, although more can be done to triangulate the current staffing position with its impact on the quality of care for patients and the experience of direct care staff."

The Trust Board routinely receives a Safer Staffing report, and further Workforce data as part of its People and Culture Committee report. It may be helpful to reference and connect the analysis and actions between these two papers, so that safer staffing incorporates the multidisciplinary team and adequately recognises cumulative impact. The safer staffing report identifies red flags when registered nursing levels fall below safe standards. This information is made available to managers and inpatient operational and clinical leaders.

Assurance is sought that any deficit is effectively mitigated with onward planning if there is a more chronic problem on a ward or unit.

At a local level Directorate data is presented to management teams by their Business partners routinely. It may be helpful to create a dashboard that provides the ability to drill down to service type, directorate and service level to better identify risk centrally – this has been designed by the informatics/business intelligence department and will shortly be made available in the Trust, allowing teams to see staffing, turnover, sickness, vacancy, temporary staffing in a simple way.

The report particularly relates safe staffing to the use of restrictive practices. At present there are comprehensive trustwide workforce reports and restrictive practices reports, but they are entirely separate and reviewed by separate Committees. The opportunity for the trust is to bring together these datasets, and to consider how it triangulates activity, performance and quality data going forward. However, the workforce challenge, and the headline data on vacancies, turnover, sickness, use of temporary staff etc. are well understood, and a great deal of work is being undertaken to support and enable effective recruitment and retention.

Post covid, a cluster SI review was conducted for one of our services that showed increased restrictive practices, safeguarding issues and staffing issues. This approach supported triangulation of information and learning and we can expect more review of this kind with our move to the national patient safety learning approach. Within the last year there are also examples of increased support and oversight from senior leaders both operational and clinical and executives when there are concerns about the quality and safety of care within a unit or team.

Recruitment, Retention and temporary staffing meetings

The bi-monthly recruitment and retention meeting focuses on initiatives planned to attract, recruit and retain more staff into our vacancies. This forum has representation from services and provides a platform to take feedback, identify and/or pilot solutions and review the progress of these solutions.

The temporary staffing meeting focuses on the Health Roster system roll out and enhancements, bank rates, bank and agency utilisation and fill rates, and the progression to a centralised temporary staffing function.

As part of the NEL ICB work on productivity, North East London Chief People Officers have agreed a trust wide level standard set of monthly data and reports to track and monitor progress in terms of explaining organisational growth and providing a regular narrative to explain the growth in addition to progress updates in order to reduce the costs.

Internally for ELFT, data is being reviewed and narratives created at a directorate level which has been developed with service directors, finance business partners and people business partners. This will form part of the regular reporting to service delivery board and any other relevant Trust committee(s).

Nursing Vacancy Quality Improvement Project

The Trust has recently launched an ambitious quality Improvement programme with the aim to further reduce the Nursing vacancy rate within inpatient units and the community roles. This is an initiative launched by our Interim Chief Nurse and will tackle the hard to fill roles, targeting hotspots and look at innovative ways in which we can recruit.

Recruitment Clinics

We have rolled out recruitment clinics across localities to aid the recruitment process and prevent any issues that might hold up a candidate who has been offered a job in order to conclude the recruitment process as quickly helping aid safer staffing within wards.

International Recruitment

There is a stronger focus on international recruitment which has now been embedded as a workstream to help fill some of our hard to fill roles. Direct and indirect approaches are being explored including the Capital Nursing and other alliances, GMC registered International Medical applicants and the development of GMC Sponsorship route to further aid this workstream.

Trust wide Recruitment campaigns

As part of our strategic recruitment initiatives, ELFT have rolled out a monthly calendar of Trust wide Recruitment Campaign across Inpatient MH and Community roles, targeting vacancy hot spots across clinical staffing groups. Other than these we also cater to individual requests from managers across the organisations to organise open days within their localities. We also partner with local and national voluntary sector and educational institutions such as schools, colleges and universities to spread awareness of careers in health and in ELFT.

4.4 Measuring impact of change/effectiveness of learning systems

The GMMH report highlights a gap in the learning process, in terms of whether actions taken deliver the intended change, it refers to a 'Rigour in the monitoring of change' finding that GMMH was not sufficiently looking at outcomes and the differences made for its patients.

In section 3.2 some assurance is provided regarding the learning systems currently in place, and the range of work being done to strengthen and share learning across the organisation. For ELFT, a great deal of change is driven by quality improvement work and/or method, and is both informed by data and its impacted measured through data. There is rigour in monitoring the change. However, when change is delivered in other ways, for example through the implementation of an action plan subsequent to the review of a serious incident, whilst there is attention paid to the action being undertaken, and evidence of this is provided, typically the process ends there. The transition to PSIRF will aid a more robust approach to learning and improvement, following incidents, applying the rigour of measurement for improvement to our action planning.

5.0 Actions being taken to strengthen safe and compassionate leadership and care

5.1 The summary of risks, and our approach to mitigating and managing these risks through our approach to quality, safety, leadership and culture described above, encompasses much of the work of the Trust, the Trust Board and its committees. As such, perhaps the most important focus is to ensure that these threads of leadership, culture and quality are evident and apparent in all our conversations – across all functions, and at all levels of the Trust.

5.2 There are a number of actions already underway, which will be monitored through the relevant committee of the board. These include:

- Support and training on Board report writing skills, for those regularly providing reports, to reduce variation in standards, support decision making and improve assurance. This should result in greater, better and more standard use of data across all Board committees, including the triangulation of narrative across

different reports (for example, the safer staffing and people report), and stratification of people data presented at People & Culture committee in order to better identify and respond to hotspots and risk

- Ensuring external appraisal of quality, leadership and culture – for example, through service user-led accreditation, through external expert representation on our safety oversight board, through independent assessment against the CQC well-led domain
- Enhancing the measurement, understanding and improvement of safety culture through inclusion of the service user and carer voice – for example, through new service-user feedback questions focused on safety culture, and extending the use of safety culture surveys

6 Quality Improvement

6.1 The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust. This section of the paper serves to provide assurance to the board on the delivery of the annual quality improvement plan.

7 Large-scale QI programmes

7.1 The Pursuing Equity Programme, which brings together teams from across the organisation applying the quality improvement method to understand and address a variety of health inequities, has seen progress over the last year with 25 teams actively engaged in the second phase. Out of these, 19 teams have service user involvement. Notable advancements include Hatters Health Primary Care Network's continued improvement in physical health checks, Luton CAMHS' identification of change ideas, a new triage process being tested by Tower Hamlets Psychological Therapies Service, and Cauldwell Medical Centre initiating a project on menopause. Learning sessions to help teams learn from each other have been integral to the programme's development, with a milestone learning session scheduled for April 30th to coincide with the IHI's annual visit.

7.2 The inpatient Quality and Safety programme is supporting inpatient units to improve therapeutic engagement and observations and to embed the safety bundle. The January 2024 Quality Report provided detail about this programme and the improvement that is being seen Trust-wide. Until April 2024, the focus of the work will be on standardising the change package, while allowing local tailoring of the three core change concepts and taking implementation steps to embed the improvements. The Safety Bundle, which includes safety huddles, use of the safety cross, community meetings and the use of the Brøset Violence Checklist (BVC) is now seeing widespread use on most wards across the organisation.

7.3 Supporting Integrated Care Systems with QI

7.4 Across Bedfordshire, Luton and Milton Keynes (BLMK) integrated care system, ELFT provided quality improvement expertise between August 2022 and August 2023. An Improvement Advisor was hosted by the ELFT QI department and worked across the system to support the application of QI to projects, teams and priorities focused on inequalities. This involved directly supporting teams working on inequalities, coaching QI projects that were likely to make the biggest gains on inequalities, building QI capability by developing and delivering QI training, and supporting teams and directorates to develop robust inequalities improvement strategies. One of the key achievements from this work was the development of the Learning Disabilities and Autism strategy that followed the ELFT QI method. Through this, the programme team narrowed down an area of focus to

reduce premature death and improve wellbeing outcomes for people with Learning Disability and Autism, a measurement plan, a governance system for the work and ideas to start testing.

- 7.5 Between October 2022 and December 2023, ELFT hosted Improvement Advisors who supported equity work in Tower Hamlets and Newham - coaching QI projects, delivering QI training and establishing a learning network. The work in the London Borough of Newham supported 13 projects, including the Weight Management Service Live Well Newham project. This project aimed to address the low completion rates among men from South Asian backgrounds in Newham's Weight Management Service. The team tested a new approach whereby men attending the programme were offered short catch-up sessions with a health coach to improve retention rates by offering personalized support. The work in Tower Hamlets supported 10 QI projects across three core themes of clinical effectiveness, workforce inequalities, and service user access and experience. One notable project was the Women in Motion project which successfully enhanced employment opportunities for Somali women in the NHS and healthcare sectors, resulting in 53% of participants becoming GP receptionists and 47% joining the NHS bank. Tailored employability programmes, including training and mentorship, significantly boosted participants' motivation, confidence, and skills.
- 7.6 Across North East London (NEL) Integrated Care System (ICS), ELFT are supporting the application of quality improvement in delivering the four strategic priorities. ELFT is hosting two Senior Improvement Advisors who lead and coach improvement work across the ICS. So far, work has focussed on two of the four strategic priorities - babies, children and young people, and mental health.
- 7.7 The work on the babies, children and young people priority aims to give every child and young person in North East London the best start in life, leading to the development of 23 improvement projects within four learning networks. These networks aim to address various challenges, including equity improvement, transition from childrens to adult services, community service integration, and reducing infant deaths. Additionally, a specific improvement project seeks to enhance service access and outcomes by improving health literacy among children and families.
- 7.8 Work on the mental health priority is supported through three key delivery vehicles: existing and emergent improvement networks; at Place; and alongside the Lived Experience Leadership Group. NEL-wide improvement programmes aim to enhance experience and equitable access in services like Talking Therapies, Dementia, Physical Health with Serious Mental Illness, and Emergency Departments, including developing networks for rehabilitation and perinatal care. To ensure these initiatives' sustainability and progress, recommendations are being shared with the Integrated Care System to bolster the improvement infrastructure, enhance system-wide capability, foster a unified improvement language, and encouraging collaborative system working.

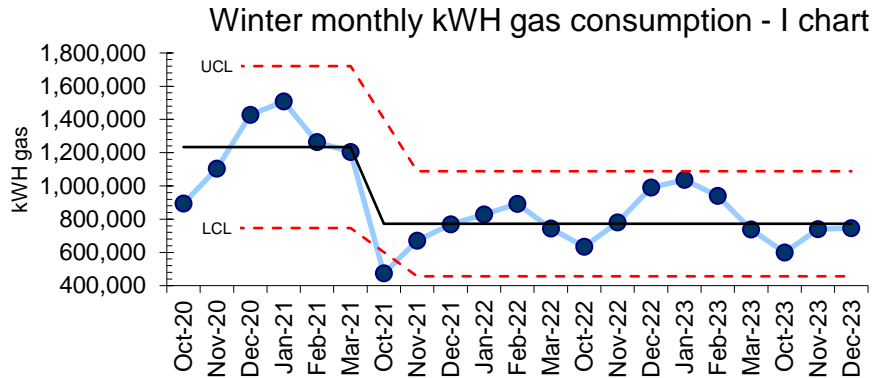
8 High Impact Projects

- 8.1 ELFT's most experienced improvers support a small number of high impact QI projects with the Trust, chosen for their complexity and potential impact.

8.2 Environmental Sustainability:

A range of stakeholders, including service users, carers, communities, staff and partners, have been collaborating to use quality improvement methods to reduce direct greenhouse gas emissions by 40% by 2025 and indirect emissions by 40% by 2036. At a systems level, much work has been done to switch to using 100% renewable energy, make improvement to insulation and windows across the organisation's estate, agile working and estates

optimisation to reduce heating usage and increasing remote consultations where possible. This has resulted in a 37% reduction in gas consumption in the winter months.



At a local level, Bedfordshire and Luton Mental Health Crisis pathway has seen a 95% reduction in medication waste, going from 119 tablets destroyed every two weeks to just 4.4 tablets destroyed every two weeks. This equates to an annual carbon reduction equivalent to travelling 210 miles in a car. The next steps for the programme of work will include creating a change bundle from this work that can be scaled-up across the Trust.

8.3 Value:

Presently, there are 190 QI projects across the Trust, each contributing value in various forms. QI projects focus on improving how services are delivered and received, and the experience of people interacting with them. Among these, some contribute to a demonstrable improvement in value by improving productivity, and through cost reduction and cost avoidance. Around 10% of current projects have a focus on direct cost reduction and cost avoidance. Examples of cost reduction projects include reducing indwelling catheter use in Newham and reducing private ambulance spend in City and Hackney. An example of a cost avoidance projects is the large-scale programme on inpatient quality and safety, which will reduce avoidable costs related to physical injury, additional staffing for observations, use of medication, and damage to environment.

8.4 Patient Safety & PSIRF:

Over the last year, quality improvement has supported the development and delivery of the organisation's patient safety strategy. The strategy, co-produced through sessions with staff, service users, and partners, utilises a Driver Diagram and other QI tools such as process mapping and a measurement system. These tools have been crucial for identifying improvement areas and initiating the development of a safety management system. Recent advancements include integrating safety science and human factors into QI training. QI coaches have also supported corporate-led safety improvement projects, enhancing the organisation's safety culture.

Looking forward, efforts will concentrate on the application of the Patient Safety Incident Reporting Framework (PSIRF) and fostering a culture of continuous learning. A key initiative is a QI project aimed at improving incident response processes in Bedfordshire & Luton's adult mental health services. This project seeks to standardise the quality of incident reports and better support affected staff and families, with the aim of scaling improvements across the organisation.

8.5 Time to Hire:

The Recruitment Team are being supported through the early stages of the improvement method to 'understand the problem' around the recruitment process and identify areas of improvement. The team are meeting every two weeks with managers who have experience of recruiting staff using the Trac online system, to develop a detailed process map. Using the ELFT QI approach to optimising flow, the next steps will be to add data to the process map to determine which points in the process currently cause delays, duplication, rework, queues, bottlenecks and unnecessary work. This will be followed by a detailed understanding of demand and capacity at key stages, which will help develop a theory of change.

8.6 Flow in Bedfordshire and Luton Mental Health:

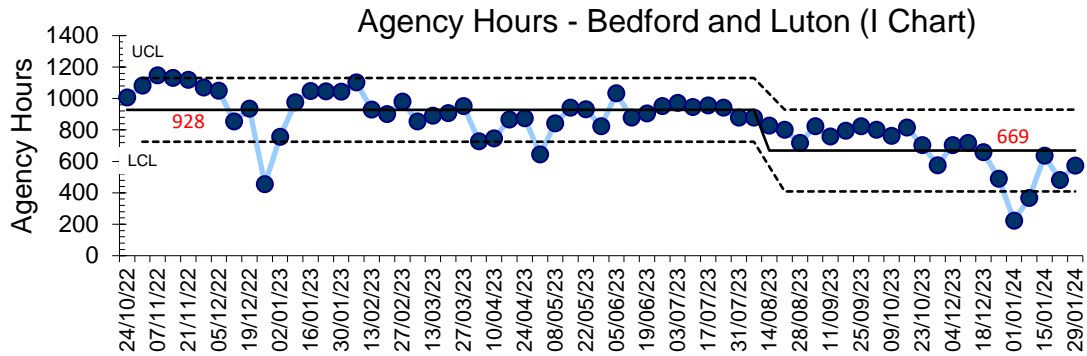
Teams in Bedfordshire and Luton are experiencing high numbers of patients who are clinically ready for discharge but cannot be discharged from the ward, which has led to increased length of stay and increased bed occupancy. The aim of this new project is to reduce bed occupancy to 85% from the current level of 96%. The team will also look to quantify the financial implications of this work. A change idea is being developed to strengthen the support for people with high intensity needs in the community, so they are not unnecessarily admitted to hospital. To address delayed discharge, the Discharge Hub team have been completing 72hr triages for new admissions to identify potential barriers to discharge earlier during admission. This will inform future tests of change. Already, a lack of appropriate housing has been identified as the most significant reason for delayed discharges. Therefore, a key part of the work will be to co-produce solutions for testing with housing and social care partners.

8.7 Reducing Nursing Vacancies:

Work is underway across the Trust to reduce nursing vacancies through improving nursing workforce stability. This involves looking at recruitment, retention, and workforce planning. A team comprising lead nurses from across the Trust, the People and Culture department, Communications team, People Participation and informatics are working together to identify high impact change ideas to take forward. The team have mapped local improvement efforts across the Trust so that they can scale up and spread what works. The team have co-developed a list of high impact change ideas which each lead nurse has taken away to test in their local area and bring back the learning to the project team.

8.8 Medical Recruitment:

The use of temporary agency medical staff is a cost burden to the trust, with work currently underway in Bedfordshire and Luton to improve recruitment and retention of doctors. A team comprised of medical consultants, People and Culture and a service user have been testing a range of change ideas. Work has been done to improve the quality of job descriptions and advertisements, alongside more effective use of social media networks to improve promotion. The team have also considered the diversification of roles, exploring the use of Physicians Associates where appropriate, and developing a process for recruiting specialist grade doctors.



Links have been formed with specialist global agencies and networks such as the British Association of Physicians of Indian Origin to help place international Specialty and Specialist (SAS) grade doctors at ELFT. So far there has been a 29% reduction in the weekly number of agency doctors' hours in Bedfordshire and Luton, from an average of 927 to 668 each week. Next, a trust-wide piece of work to improve retention of doctors is about to be launched and led by the Chief Medical Officer.

9 Celebrating 10 years of QI

- 9.1 ELFT will be marking 10 years of applying QI at ELFT in 2024 through a range of activities to celebrate, reflect and share learning. This includes the development of a unique 10-year QI brand image to be used throughout the year in QI communications (email signatures, posters, training, website), and a re-design of the QI visibility wall at Alie Street to tell the 10-year journey through images (co-designed by service users, staff and QI coaches).



- 9.2 A podcast and video interview series, called “10 conversations for 10 years” has been recorded with key individuals at ELFT and within the healthcare improvement field globally. The first three of these episodes have been released so far, on YouTube and all podcast platforms. Finally, an evening event will be held on 1 May 2024, during our annual visit by the IHI, to celebrate and reflect with a range of internal and external guests who have been critical to the journey.

10 Action Being Requested

The Board is asked to consider assurance received and any other assurance that may be required.

REPORT TO THE TRUST BOARD
28 March 2024

Title	Patient Safety Plan Annual Update Report
Author	Dr Deborah Dover, Director of Patient Safety
Accountable Executive Director	Dr David Bridle, Chief Medical Officer

Purpose of the report

To provide a summary of the Year One ELFT Patient Safety Plan Progress Report

Committees/meetings where this item has been considered

Date	Committee/Meeting
4 th March 2024	Quality Assurance Committee (full year one Safety Plan Progress Report)

Key messages

Positive progress made against all the following year one 2023-2024 objectives, which were:

1. Transition from the Serious Incident Framework to the new Patient Safety Incident Response Framework (PSIRF).
2. Transition to the new NHSE national learning Safety system (Learn from Patient Safety Events (LFPSE)).
3. Development of ELFT Staff skills and expertise in Patient Safety, including engagement with the National Patient Safety Syllabus
4. Greater involvement of Service users and carers, including recruitment of Patient Safety Partners.

Positive progress made in the following additional areas:

- Strengthened Safety Governance, Leadership & Oversight
- Safety culture improvement work
- Work on Safety Improvement Priorities
- Sharing of Learning from Safety
- Application of our QI methodology to our Safety Priorities

Challenges:

- The impact of introducing the new incident reporting system, and the National LFPSE safety incident reporting system, on safety incident reporting practice.
- Engagement with safety syllabus via e-learning modules & upskilling of workforce in absence of national resources to support staff at all levels.

Year two focus areas include:

1. a continued focus on improving safety culture and systems via our new Patient Safety Incident Response Framework Approach (PSIRF) and development of our InPhase quality management system.
2. Strengthening of the involvement of Service users and carers as part of our Safety System
3. Supporting our People Plan Workforce in addressing priority safety areas.
4. Further workforce safety skills development
5. Ongoing improvements in our digital safety across the trust

Strategic priorities this paper supports

Improved population health outcomes	x	This is one of the primary drivers within the strategy and will have focus in years 3 onwards.
Improved experience of care	x	Safety and experience are strongly linked. Patient experience of safety is a key outcome for this plan.
Improved staff experience	x	Staff experience of safety is a key outcome for this plan.
Improved value	x	Safer care can bring significant reduction in costs to the organisation and individuals, which can be redirected to provide enhanced care for all.

Implications

Equality Analysis	
Risk and Assurance	Enhanced focus on proactive risk identification, monitoring and response.
Service User/ Carer/Staff	Positive implications for staff and patients in delivering safer systems, services and culture of safety.
Financial	As above – significant cost savings by providing safer care.
Quality	Aims to improve quality by sustained and enhanced focus on safer care.

1.0 Introduction

The ELFT Safety Plan builds upon a wealth of safety improvement work that has been completed within the trust over the last decade. The mission is to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve, with five key drivers to achieve this mission (see appendix one for driver diagram). The plan was launched with a well-attended Safety Learning & Safety Plan Launch Event, focussed on the topic of developing our positive Safety Cultures.

2.0 Progress on our Year One Objectives

To support the above programme of work, we chose four main focus areas for the first year of the plan, chosen as potential enablers and catalysts for the changes in culture and systems that are fundamental to safety improvement.

Progress against Objective 1: Transition to the NHS Patient Safety Incident Response Framework (PSIRF)

Our move to PSIRF from the Serious Incident Framework has been about focussing on continuous learning, improvement and supporting those affected, in line with NHSE recommendations.

Good progress has been made through the preparation stages of PSIRF under the leadership of our Chief Medical Officer, Director of Safety and Director of Nursing (London MH) and in liaison with system partners in both ICBs, NHSE and our local staff and service users to identify the most effective way to tailor PSIRF to our local setting. We have also gained learning from early adopters and from trusts who have applied PRISF to similar services, and we have taken advice from our legal team and local coroners regarding application of PSIRF to our unexpected deaths.

Examples of work undertaken on the PSIRF transition has included:

- **In-depth review of our Safety themes**, triangulating three years of data from a range of sources and also staff and service user views, to collaboratively identify our safety

improvement priority areas which have been designed into our new PSIRF Plan. Progress on each is being tracked via our Safety forum alongside other improvement areas which have emerged as priorities over the year.

- **Revision of our safety learning methods** including replacement of Serious Incident Reviews with Patient Safety Incident Investigations (PSIIs), using a new systems methodology rather than traditional Root Cause Analysis, introduction of SEIPS analysis tools, and After Action Review as an additional learning method after safety incidents (70 conductors now trained, and 75 more booked on training) plus piloting of other new learning tools.
- **Improved shared learning approaches** – safety briefings, cascaded learning from incidents, safety newsletters and significant improvements in safety learning seminar attendance. Positive feedback from staff and stakeholders in relation to above changes.
- **Improved safety learning forums and networks** both within ELFT and at system level.
- Proactive planning of annual safety priorities at trustwide level undertaken and increased oversight and focus on these via Trust Safety Forum.
- Collaborative work between QI and Safety team to improve effectiveness of actions commenced.
- **Impactful large-scale Safety Improvement work** with all our in-patient wards, as part of In-Patient Safety Learning Programme focussed on improving therapeutic engagement, observations, violence and aggression.
- Involvement of **Patient Safety Partners** in all our safety work
- Development of a **New “People First” Framework** for Supporting Staff after incidents
- Inclusion of staff experience measures in our safety review work, and a new measure of patient experience of safety within our Patient Survey.
- New patient information re PSIRF and **improved signposting** to support for all affected.
- **New incident management pathway** with strengthened local and senior involvement in a decision-making huddles & panels to support proportionate learning response and effective use of new learning methods.
- **ICB involvement** in safety review decision-making and sign-off forums

Further developments are being tested over months ahead.

Progress against Objective 2: Transition to new Incident Reporting System, InPhase, and the NHS National Learning from Patient Safety Events System (LFPSE)

The transition to InPhase has been well managed, with oversight of a project implementation steering group and project team. A high level of staff support in managing the transition has been provided via the ELFT Learning Academy page, weekly on line drop-in clinics and via over 100 training sessions attended by over 1000 staff. InPhase information has been added to the Trust’s Induction Pack for Corporate Induction for new starters. Incident reporting data has been monitored in detail over the transition, and there is a recognition that there has been an impact on the number of incidents being reported. Staff feedback is being sought via training sessions and enquiries received into the INPHASE support email box. Responses received to date remain positive in respect of the system and accessibility. However, staff do report challenges particularly in relation to the clarity, tone and length of the mandated LFPSE question bank and also in relation to the ease of report building.

Progress against Objective 3: Development of ELFT Staff skills in Patient Safety, including engagement with the National Patient Safety Syllabus

- Ambitious programme of F2F and remote internal and external PSIRF staff training delivered, in line with NHSE requirements.
- 240 staff in key roles have completed PSIRF trainings, and over 175 have had either formal or introductory training in conducting After Action Reviews, with a new ELFT internal AAR facilitator training launched in January.

- Our Patient Safety Specialists have also commenced the one-year NHSE Level 3-4 Specialist Patient Safety training with Loughborough University.
- Launch of five safety related e-modules on the learning academy platform with 243 staff having now completed at least one of these modules since their launch.
- Embedding of human factors content into a number of our leadership development modules and our Quality Improvement Leaders Programme.

Progress against Objective 4: Involvement of Service Users, Carers and families

Achievements this year include:

- Recruitment and embedding of 2 Patient Safety Partner (PSP) roles.
- PSP involvement in Safety walkarounds, safety forums, PSIRF transformation work, carer strategy group, patient experience forum and improvement work.
- Establishment of working group, with support from colleagues in QI, to develop and test a range of ideas to improve our involvement of service users and carers to improve safety
- Addition of question on safety culture to our ELFT patient survey
- PSIRF training module on involving and supporting those affected by safety incidents

Examples of Achievements on our Longer-Term Ambitions

Achievements in improving Safety Culture, Leadership, Just Culture & Governance include:

- Safety reporting has been strengthened this year to support board to ward communication and monitoring of safety.
- New Safety Leadership Roles have commenced - Director of Safety, Head of Incidents role, PSIRF Lead role and seven Patient Safety Specialists.
- A new Safety Plan Oversight Group has been established with independent safety expertise.
- Strengthening of our safety incident decision-making and review processes, to enhance quality, reliability, and transparency, including a new daily incident review huddle and PSIRF decision-making panel.
- Introduction of a new executive-led system for Prevention of Future Deaths review and sign-off
- Strengthened Trust Patient Safety Forum with renewed focus on priority areas and expanded membership including FTSU guardian, directorate quality governance leads, QI colleagues, subject matter leads/experts, clinical leads and performance team colleagues.
- Representation of ELFT safety leadership at ICB-level safety specialist, safety and PSIRF forums.
- Extensive work, led by the interim Chief Executive and Chief Quality Officer, to co-design a common understanding of leadership at ELFT and creating a way for us to measure and improve our leadership across the organisation.
- Development and introduction of a Safety Culture In-Patient Team Staff Self-Assessment tool which is now embedded within our annual CQC readiness programme for all in-patient wards, with the aim of improving awareness, triggering Safety Culture conversations and improvement work.
- Work on improved triangulation of service user experience data with our staff reported safety measures, including addition of a question into our patient survey specifically relating to safety culture.
- Review of trust disciplinary process and documentation to further incorporate the principles of a Just Culture.
- Review and ratification of Speaking Up & Whistleblowing Policy to support staff by showing them the many ways in which concerns can be raised and escalated, and support resolution of concerns by managers wherever possible.
- Guidance provided to all staff re raising/escalating concerns, signposting key contacts and policies as well as the clear parameters of FTSU and People & Culture processes.

- Ongoing work to embed Respectful Resolution across the Trust.
- Training of first cohort of Schwarz Round Facilitators and launch of Schwarz Rounds with Community Health Services.
- Review of our existing safety reporting and monitoring measures, against the Healthcare Foundation framework for measuring and monitoring safety and against what matters to our staff and service users.
- Iterative improvements in the data being used to report on our safety work and outcomes, shifting towards more meaningful measures of improvement, learning and reliability of our safety systems.
- Contribution to the University of Leeds NIHR Response Study on measurement and monitoring of safety with access to results to make use of later in 2024.

Digital Safety

- ELFT Digital leading delivering an ambitious programme of work to address our organisation's legacy digital needs by transforming digital infrastructure, cybersecurity and implementing our Digital programmes to deliver resilient high-quality systems and services, as the essential prerequisites for safe and effective care. For detail of these programmes of work, please see ELFT Digital's Report to the FBIC in January 2024.
- Launch of a new Digital Patient Safety Strategy in 2023 focussing on the people, processes and governance required to meet DCB0160 Clinical Risk Management standards and to further develop Digital Safety Culture at ELFT, including development of the Clinical Safety Officer role. This work will help ensure that ELFT addresses the increasing complexity of patient safety work in collaboration with our ICS and national partners.

3.0 Our Safety Plan Objectives for Year Two and beyond

As part of our annual planning, we have engaged with our Safety Oversight group, Patient Safety Specialists and Patient Safety Partners to revisit the Safety Plan objectives, and update these for year two considering the changing landscape of safety within ELFT and in relation to the broader NHS context. The five focus areas below build upon on work already started in each:

Year Two Focus Area One: Further development of our safety culture, learning and improvement systems

Ongoing PSIRF development work to enable:

- Increased application of QI methodology to safety review and improvement work.
- Supporting directorates to move beyond safety actions, to proactively identify their own safety improvement priorities and design safety improvement plans accordingly, including safety actions at the stronger end of the action's hierarchy.
- Skilling staff in a wider range of new PSIRF learning methods, with a focus on learning from work-as-done and understanding and applying the ingredients of safe care in the different care settings across the trust. After Action Review, Swarm Huddles, Frontline Observations. SEIPS application and MDT Reviews are some of the tools we will be testing further and adapting for our setting.

Further InPhase development work to support Safety Culture and Resilient system including:

- embedding of methods for collecting feedback are being introduced including a feedback field on the incident form, a Staff survey and a feedback log to record all enquires providing quantitative data.
- Work with directorates and individual teams where a reduction in incident reporting has been identified, to understand barriers and support and training will be provided. Attendance will be offered at team meetings, away days and DMTs, both face to face and virtually.

- Development of LFPSE question guidance, enhanced training materials for report building and improved form flow.

Year Two Focus Area Two: Involving Service Users and Carers to Improve Safety

- Developing organisational safety: our PSPs will work and grow our existing service user reference group to codevelop approaches to take, and will continue supporting our Carer Strategy Group, Working Together group, our Patient Experience Forum, and other key forums to support colleagues to apply a safety lens to all we do.
- Further development of our service user and carer metrics and feedback within our safety system and as part of our ongoing safety culture work. For example, making use of our Care Opinions system, our new Patient Survey data on raising concerns and working with our incident team to increase inclusion of service users and carers in safety decision-making and to increase the focus on responding to feedback from those affected by incidents. We will also be looking to test out new ways that service users and carers can be supported to raise safety concerns in effective and accessible ways.
- Examples of the way we hope to support service users and carers to take an active role in improving their own safety, include supporting the work to embed the “Patient Knows Best” patient portal and the work to develop Safety Planning as part of our Dialog+ work.

For this objective, to help monitor progress, we will be aiming to:

- Increase the number of Patient Safety Partner roles (currently 2 in corporate and 0 in directorates)
- Increase the proportion of trust and directorate safety forums with SU and/or carer involvement (currently well-embedded in trust forums, but not directorate forums)
- Ensure all safety improvement projects have SU and/or carer involvement.
- Train and support our Patient Safety Partners to facilitate and contribute to Safety Learning Responses and reviews (such as PSIRs).

Year Two Focus Area Three: Workforce Safety

- We will support our people and culture team, our health and safety team and the wider organisation, to drive improvements in key workforce safety areas including safer staffing, staff well-being, support after incidents and sexual safety.
- Our new sexual safety and support after incidents improvement groups will start to oversee baseline data in quarter one before further defining specific aims to support the improvement work.

Year Two Focus Area Four – Upskilling and training for our workforce

- We will be working with colleagues in learning and development to continue upskilling the ELFT workforce in key safety areas such as safety and restorative just culture, systems (human factors) approaches, risk management and mitigation and safety learning and improvement methods.
- In order to achieve this, we will continue to promote and support staff to engage with the NHSE e-modules, and will go further to embed safety training modules and tools within our QI and leadership development programmes. To supplement this, we will continue to develop and deliver specific PSIRF and new learning method training to teams and for staff in key roles. For example, we will aim to deliver dedicated PSIRF in practice training to all directorates, increase the number of After Action Review Conductors from 70 to 150, and aim for 100% completion of Level 4 Safety Specialist training for those currently enrolled.
- In parallel, we will work to make safety learning increasingly accessible, both to our workforce and also to the public, with ongoing work to develop our intranet resources and learning library.

Year Two Focus Area Five – Digital Safety

- ELFT Digital will further develop the ongoing programmes of work to deliver on our strategic vision for Patient Safety and will be publishing our Digital People Participation strategy to support this.
- We will progress our digital systems training offer, to include flexible on-demand e-learning that can accommodate multiple learning styles.
- Improved training will ensure safe and effective use of our core Electronic Patient Records, as well as the successful adoption of new functionality which we will be implementing to improve patient safety, including eObs for physical health (NEWS2) monitoring on inpatient wards, 'Order Comms' electronic ordering and communication of blood test results.
- ELFT will also be the lead Trust for the Pan-London eMHA Programme to implement an electronic Mental Health Act workflow solution with our partner Trusts across London.

4.0 Recommendations

- 4.1 The success of this plan depends on engagement at all levels and visible sponsorship and support by the board and executive leadership team. The board is asked for feedback including areas for improvement and/or strengthening, and also their active involvement in championing and supporting this plan over the years ahead.

5.0 Action Being Requested

- 5.1 The Board is asked to **RECEIVE** and **NOTE** the report.

Performance report

March 2024

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance and Planning Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Dr Amar Shah, Chief Quality Officer

PURPOSE OF THE REPORT

To provide assurance to the Board on overall performance of the organisation, in delivery of the Trust strategy.

KEY MESSAGES

The performance report provides a strategic overview of performance on five key themes (safety; access and responsiveness; effectiveness and outcomes; children and young people; equity). Each theme includes a small number of Trustwide measures, together with narrative to describe progress, challenges and actions. The appendix contains our system performance dashboard, with measures related to population health, quality of care and value for each of the key populations that the Trust serves. Narrative to explain unusual variation is contained in the overview of performance within the relevant theme.

Where are we doing well, and what have we learned?

The Trust has seen a decrease in waiting lists over the last two months, with the largest reductions observed in community health services, specialist children and young people services (SCYPS), and community mental health services. A new referral template has been developed in the Chronic Fatigue service in Bedfordshire, which has improved the quality of referrals received, reducing rework. Tower Hamlets Extended Primary Care Teams (EPCT) have established a new standard operating procedure that ensures that service users waiting for an assessment are equally distributed among all therapists, resulting in a 30% increase in new assessments completed each month. A chatbot has been introduced on the SCYPS website which directs referrals to the correct service without needing to go through a central filtering process. Referrers can access this on the SCYPS website, enabling service users to access information at a faster rate, and the specialist team receives the information they need from the start.

Bedfordshire Community Health Service has reduced the current podiatry waiting list from 878 to 721 in 3 months. A targeted increase in nail surgery assessment clinics has reduced new referrals awaiting assessment by over 50%. A rota has been developed three weeks in advance to lessen the burden on admin teams and enable bookings to be made by letter and text to help monitor the number of missed appointments, as these are showing an increase in recent months.

As part of an ongoing QI project in City & Hackney Specialist Psychotherapy Services (SPS), the team is testing community staff completing assessments and then attending a weekly assessment workshop to consult the appropriate treatment specialists. The aim is to commence treatment quicker by discussing assessments as a team and agreeing the outcome. As a result, the number of people waiting for treatment is at the lowest since August 2022, having dropped from 130 to 55 in December.

KEY MESSAGES (continued)

NHS England launched its first ever sexual safety charter in September 2023, to protect people in the workplace from inappropriate and/or harmful sexual behaviours. The Trust has signed up to this and has established 10 commitments to implement by July 2024. To support this, QI projects are underway in Newham and Forensics to improve culture around sexual safety and encourage open communication about staff experiences.

The digital platform for inviting feedback from service users has been switched recently to Civica. This software provides multi-channel data collection, bespoke analysis and reporting, supporting clinical teams to understand the experience of their service users in order to make improvements. Services are monitoring the amount of feedback collected, with additional support for teams which are seeing a reduction in expected numbers of responses.

The percentage of service users receiving support from employment services (Individual Placement Support) has continued to rise, from 15% to 19% in January. To help increase this further, ELFT will be hosting an employment conference in April 2024 to share examples of good practice across the Trust.

The equity section in this report provides deeper insights into the topic of non-attendance at mental health appointments, which shows a clear inequity related to deprivation status. National research and feedback from services have established different theories about non-engagement with appointments. Overall, the data shows that service users from deprived neighbourhoods have higher levels of non-attendance than more affluent areas. Further analysis highlights that there is variation in non-attendance within the same borough and in boroughs with similar levels of deprivation. The reasons for this likely incorporate patient factors and systemic factors, including issues related to healthcare access, communication barriers, and organisational inefficiencies. In Bedfordshire, although non-attendance was higher in certain deprived areas, the situation is more nuanced, with some services exhibiting higher or comparable non-attendance levels for individuals from affluent areas too, for example in Adult ADHD services, Autism services and CAMHS Looked After Children Team, underscoring the multifaceted nature of the issue.

Across the Trust, appointment non-attendance varies and highlights opportunities to improve the way services engage with local communities. Some services have established a system of delivering reminder calls to service users 2-7 days prior to their scheduled appointment. Most teams have restarted automatic text reminder systems for appointments, which get sent to service users two days prior to their appointment. Staff training and awareness sessions to ensure adherence to non-attendance policies are underway to review referrals and avoid automatically rescheduling appointments when service users miss their scheduled appointments on multiple occasions.

Where are we identifying challenges, and what are we doing about it?

ADHD and Autism services continue to experience growing waiting lists. A decision has been made to test the QbTest in both East London and Luton & Bedfordshire as part of the assessment pathway for 1000 service users across the Trust. Two centralised hubs have been identified in Newham and Bedford to host the QbTest. The communications department has designed a first draft of a joint ADHD and Autism website. The design has been taken to the Bedfordshire Working Together Group to gather service user feedback and the same is planned in Newham. Suggestions so far include improving the interactivity of resources, including more videos and blogs, and broadening the range of resources that service users would find useful.

REPORT TO THE TRUST BOARD IN PUBLIC

KEY MESSAGES (continued)

Work is ongoing with the Recovery Colleges to develop a series of pre-diagnostic courses specifically for those who are on the waiting list for ADHD. Bedfordshire Recovery College has courses focused on “Thriving with ADHD” and this is due to be replicated in East London to promote self-management techniques, develop individual learning plans, and help service users work through common challenges whilst waiting for an assessment.

Autism services across the Trust are adopting a similar approach and are currently looking to integrate their referral form onto the website for service users to complete. It is hoped that this will help to improve the quality of referrals and reduce the amount of admin time spent going back to the GP for missing information. Challenges remain around the amount of clinical time spent writing up reports following an Autism assessment. Research is being undertaken to identify available generative AI tools that might reduce the time it takes to write clinical reports.

The Foot Health Service in Newham continues to remain limited in capacity since having recently vacated Ferns Road. As a temporary measure, the Foot Health service is currently being held in Tower Hamlets and being managed by Newham staff. The performance team is supporting with a mapping exercise to identify patients who are on the border of Tower Hamlets and Newham, and referring urgent patients to this new hub in Tower Hamlets. Longer-term plans are in place to repurpose space within Manor Park.

In Tower Hamlets and Bedfordshire, there has been an increase in the number of low-harm pressure ulcers reported. However, in most cases, these have not deteriorated into higher categories. The teams are currently focusing on training care agency staff during the next two months to ensure that everyone involved is aware of the repositioning plan is.

The percentage of safety incidents that result in harm has seen an increase from 25% in December to 30% in January. Sixty-two percent of reported incidents were related to Care and Treatment and 21% were related to violence and aggression. The main care and treatment incidents related to pressure ulcers across Community Health services, which has increased from 67 in December to 111 in January. Additionally, there has been a rise in self-harm and nasogastric feed incidents in CAMHS Tier 4 inpatient services, rising from 18 to 38 over the past two months. There was also an increase in the number of deaths in comparison to previous months. This relates to a flu outbreak on Sally Sherman that resulted in two patients passing away who were on the End of Life pathway. Work continues to ensure a robust process around advanced care planning, ensuring that patients receive evidence-based care.

The percentage of service users followed-up within 72 hours of discharge from a mental health inpatient ward has dropped slightly in January to 75%. There was reduced capacity due to the junior doctor strikes at the beginning of January. Performance saw a particularly drop in Newham, where a working group is due to be set up to look at the entire process around discharge and identify improvement opportunities to ensure more reliable follow-ups after discharge.

Executive Summary

Strategic priorities this paper supports (please check box including brief statement)

Improved service user experience	<input checked="" type="checkbox"/>	The performance reports supports assurance around delivery of all four strategic priorities. The Board performance dashboard includes population health, service user experience and value metrics for each of the main populations that we serve. Metrics around staff experience are contained within the Board People report.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value for money	<input checked="" type="checkbox"/>	

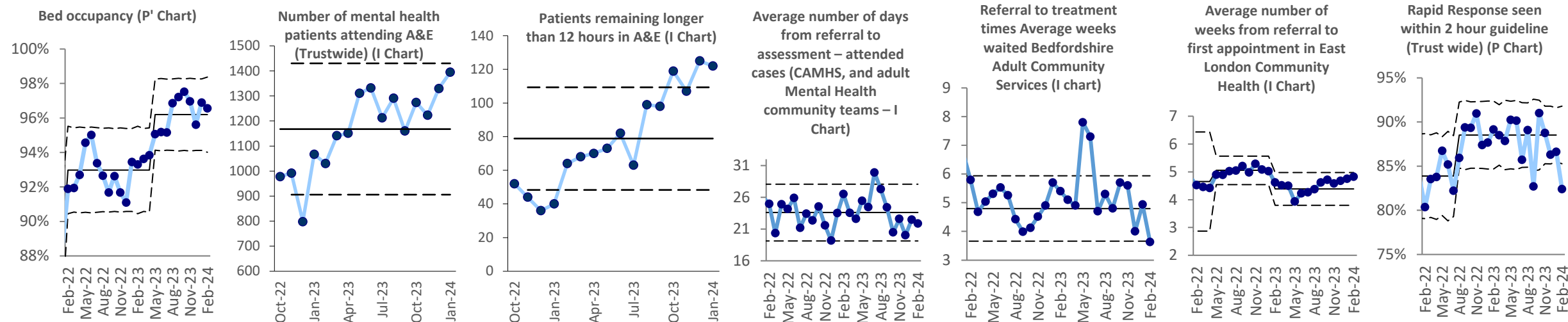
Committees/meetings where this item has been considered

Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

Implications

Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of January 2024 and provides data on key compliance, national and contractual targets.
Service User/Carer/Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Access and Responsiveness



Inpatient occupancy across inpatient services remains high, reaching 97% in January. This has led to an increased number of out-of-area placements by the Trust, moving from 60 in January to 65 in February. The main contributing factors continue to be related to an increase in acuity and complexity of admissions, including a rise in service users with autism and learning disabilities (see appendix 1, page 30), and delays in discharging people who are clinically ready for discharge, and out of area admissions to ELFT beds. As of 27 February, there were 38 service users in East London and 27 in Bedfordshire and Luton, who were ready for discharge. Most of these delays were attributed to nursing or residential placements being unavailable. Some of the longest delays were due to service users that are subject to Ministry Of Justice decisions and protocols, Court of Protection orders, and several accommodation providers rejecting referrals and thereby prolonging the process of locating suitable accommodation to enable discharge.

In addition to the initiatives highlighted in the January report that are aimed at reducing clinically ready for discharges and out of area placements, services across BLMK held a workshop with senior leaders to develop a plan to improve flow and reduce occupancy to 85% by December 2024. The plan will focus on three key areas; supporting individuals in the community, optimising inpatient length of stay; and partnership working. Specific proposals include developing a crisis house, strengthening the crisis café offer, developing step down beds, developing a community duty rota to offer targeted crisis prevention support, and creating a tailored 12 week support offer for service users with personality disorder. Additionally, there are plans to provide more effective care for frequent admissions, as well as to introduce a "Red Amber Green" prioritisation process to enhance discharge planning and care coordination with partners. Services have been meeting with Local Authority housing leads to strengthen the accommodation pathway for mental health services users, particularly for service users with no recourse to public funds or who are homeless. In East London's inpatient facilities, several high impact initiatives are being explored, including increasing step-down bed capacity through collaboration with community partners, establishing a discharge-to-assess model, expanding home treatment team capacity to offer enhanced prevention and intensive support for complex individuals, and collaborating with housing providers to increase the availability of suitable supported living accommodation. Furthermore, in Tower Hamlets' Older People's inpatient services, an additional staff member is being recruited to assist with completing continuing health care panel applications, aiming to streamline processes and expedite decisions regarding funding and placements.

Access and Responsiveness

Services across East London are also undertaking a review of local procedures for identifying and managing potential delays to discharge, so that issues can be escalated and resolved effectively in a timely manner across the system. As part of this initiative, City and Hackney has introduced a new multidisciplinary team approach to admission and discharge planning across all wards, aiming to develop comprehensive care plans upon admission with input from all relevant teams, including carers and broader community support teams. Furthermore, to address the significant number of out-of-area admissions to ELFT beds and alleviate the bed capacity constraints that this causes, the Trust is proactively collaborating with Integrated Care Boards to develop protocols for swiftly transferring patients back to their local care settings.

As part of the National Urgent & Emergency Care improvement plan, each integrated care system has been allocated into one of three tiers. Tier 1 providers/localities receive the highest level of support from NHS England to help achieve national ambitions. Through the continued efforts of the Urgent & Emergency Care group, North East London is now moving from Tier 1 to Tier 2 in the improvement programme. This highlights the progress that is being made across the system to improve flow and safety across East London. To help improve capacity, additional acute beds are due to open on Moore Ward on the Goodmayes site, although at the time of writing these were not yet available for use.

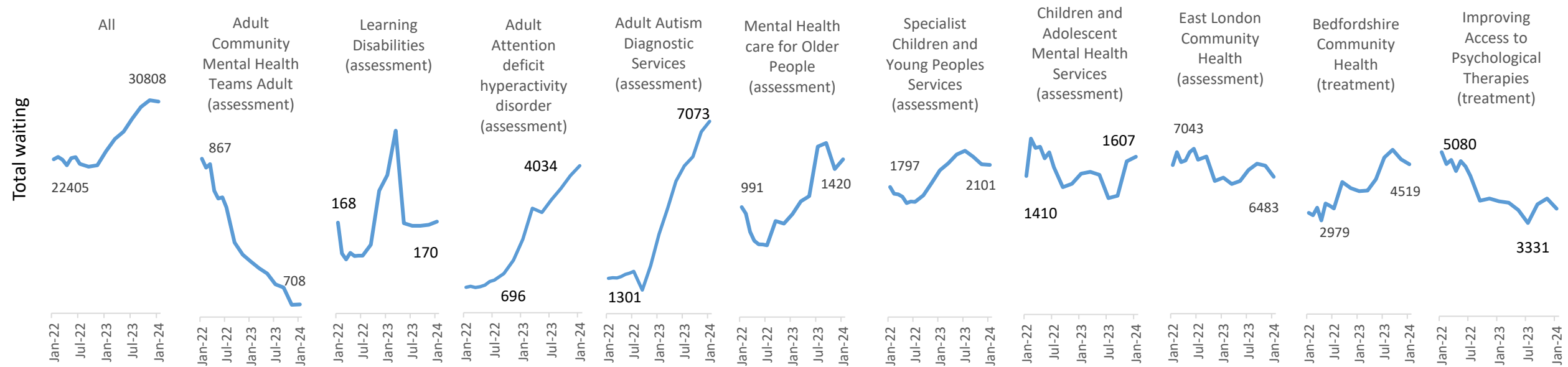
Within CAMHS inpatient services, the closure of some CAMHS inpatient wards across London has heightened pressures on local facilities, elevating the acuity and complexity of admissions, notably within our psychiatric intensive care ward. This has meant more service users from outside our local catchment area accessing services, making discharge planning more complex. Teams are liaising with the CAMHS provider collaborative and various stakeholders to begin discharge planning earlier in the pathway.

The number of presentations in A&E continues to rise in some services, particularly in City and Hackney and Tower Hamlets. There has been an increase in service users presenting with complex mental health and social care needs, self-harming tendencies, homelessness, and individuals from other parts of the country. Efforts are underway to bolster crisis services, aiming to meet the need earlier in order to reduce attendance at A&E. In East London, the consolidation of three crisis line services into a single team is scheduled for March 2024, which will enhance responsiveness, streamline operations, and enable services to deliver proactive community support. Furthermore, all services are prioritising frequent users of emergency services and addressing the comprehensive needs of individuals with system partners.

Waiting times are being monitored across 53 teams within the Trust. Of these teams, 16 are seeing a decrease in their waiting lists, 23 are seeing an increase and 16 remain stable with their waiting lists. The narrative below includes a deep dive into these teams to understand why the waiting lists are increasing and the plans in place to support improvement.

A programme across Adult Autism and ADHD continues to progress. Both services are scheduled to trial digital solutions aimed at enhancing efficiency and productivity by potentially shortening the time required for assessment and diagnosis.. A decision has been made to pilot the QbTest in both East London and Luton & Bedfordshire over the next 12 months and evaluate its impact. An operational service model is currently being designed to embed the QbTest as part of the assessment pathway for 1000 service users. The proposal is for Newham to be the host site for the QbTest in East London, with all East London ADHD services referring directly to this one centralised hub. Similarly, a site in Bedford has been identified as the hub for Luton & Bedfordshire ADHD services. To increase access to online 'waiting well resources', the Communications department have designed a first draft of the joint ADHD/Autism website. In Bedfordshire, the design was taken to the Working Together Group to gather service user

Access and Responsiveness



feedback, and suggestions were made to improve the interactivity of the resources, include more videos or blogs, and think about the resources and support available for those who are transitioning between CAMHS and Adult services. As part of this, the services are collaborating with Recovery Colleges to co-design courses that will provide pre and post diagnostic information and support to service users. In Bedfordshire, regular 1-hour sessions are in place around 'Thriving with ADHD'. The Bedfordshire recovery college is looking at a series of pre-diagnostic courses specifically for people who are on the waiting list to provide a space to provide support while waiting for assessment. These sessions help to explore self-management techniques, develop individual learning plans and help work through common challenges like procrastination or redirecting special interests. The operational lead from Bedfordshire recovery college has recently transferred to Newham and is hoping to create similar sessions for those who are on the waiting list for ADHD and replicate the "Thriving with ADHD" course in Newham. Both City & Hackney and Tower Hamlets are currently in the process of identifying a service user to lead the ADHD courses. Once identified, the training period is approximately 4 weeks before the programmes can be launched.

The Luton & Bedfordshire Autism service continues to have limited admin capacity. Previously the team was progressing with a test of an automated booking system known as EBO, to help manage and reduce booking workload. Tests in other parts of the Trusts have shown that the system does not yield as much efficiency as hoped, so the service are now looking at alternative ways to reduce the activities administrative staff have to undertake. One of the opportunity areas across Autism services relates to streamlining the referral process. Alongside the website development, services are looking to integrate a referral form on the website that service users can complete and self-refer. It is hoped that this will improve the quality of referrals and reduce the amount of time that administrative staff spend going back to the GP to request additional information. Since the February project meeting, all of the services have shared their referral forms, and a consolidation exercise is underway to streamline and standardise the form to ensure that it meets all team and service user needs. A final proposal will be developed and presented in March meeting for feedback and sign-off.

Access and Responsiveness

In East London Autism services, challenges remain around the amount of clinical time spent writing up reports following an assessment. On average, clinicians typically spend two hours to undertake the assessment itself and a further two hours writing up the report, which is currently a bottleneck that reduces the number of service users that clinicians can assess. Research is being undertaken to identify AI tools that might be available to help reduce the time it takes to write clinical reports.

As part of the ongoing QI project in City & Hackney Specialist Psychotherapy Services (SPS), the team is testing community staff completing assessments and then attending a weekly assessment workshop to consult the appropriate treatment specialists. The aim is to reduce reassessment of patients, decrease the demand for SPS assessment, and move patients to treatment quicker. The team highlighted that the number of people waiting for treatment is at the lowest since August 2022, having dropped from 130 to 55, and the second lowest in the last 4 years. Those waiting over 18 weeks have also reduced by 9 over the past month and the team is working to reduce this even further. Since starting the QI project, the caseload has reduced by two-thirds since 2019, which places the City & Hackney team in a more comparable position to the other boroughs. In Newham, the number of service users waiting over 11 weeks for an assessment has decreased from 71 to 53 in the past 3 months, but high levels of referrals continue to persist that exceed service capacity. Short-term solutions, such as offering bank shifts for assessments are being explored.

Memory Services in City & Hackney and Tower Hamlets are seeing an increase in their waiting times. In Tower Hamlets, the service continues to receive a high number of referrals and over the last 6 months, 37% of referrals received have been rejected, with management advice offered. The majority of declined referrals primarily include a mood disorder presentation. The service continues to maintain constructive relationships with referrers at Royal London Hospital and in primary care, to ensure that the pathways in place are operating effectively and to improve the quality of referrals. Feedback has been received that being branded as a 'Memory' service rather than a 'Dementia' service can increase confusion for referrers. Short training sessions have taken place in collaboration with partners to increase the clarity around the referral criteria for service users, with longer term plans to rebrand the service to 'Dementia Diagnostic Clinic'. In Tower Hamlets, a QI project is looking at reducing waiting times for Memory Clinic service users. The service operational lead will formally review the feasibility of establishing an 'out of hours' weekend assessment clinic by expanding the current 'Diagnosis in a Day Clinic'. Despite these challenges, Tower Hamlets continues to outperform the National and London-wide average for Dementia Diagnostic Rates (74.5% against a target of 67% and a National average of 64.1%).

Mental health teams within our Primary Care Networks (PCNs) are seeing an increase in waiting lists for treatment, increasing from 614 to 651 in the past 3 months. A QI project is focusing on Well Street Common, Shoreditch Park and the City Neighbourhoods. The project team is meeting every 2 weeks and is currently focusing on the number of unsuccessful appointments (cancelled or not attended). The appointment booking process is being reviewed to be more consistent and centralised across the 8 medical teams. The next steps for this work include mapping the Psychology referral pathway in the Neighbourhoods. At the moment, patients are waiting in the neighbourhoods to be allocated to psychologists and appointments are recorded against Psychology teams, which limits visibility around patient journeys between the pathways. In Tower Hamlets Primary Care Networks, working groups have been developed in all of the Neighbourhood Teams to review those waiting, and those who have not attended. As a result of these reviews, the team have seen a reduction in their overall waiting list, from 693 to 599 for assessment and from 759 to 665 for treatment, in the past 3 months.

Tower Hamlets Extended Primary Care Teams (EPCT) are also seeing an improvement in their waiting times. A new standard operating procedure has been developed

Access and Responsiveness

which means that service users waiting for assessments are now equally distributed among all therapists. This has led to a 30% increase in new assessments completed and currently, only 8 service users are waiting over 6 weeks, which is an improvement from previous months. On average, each therapist sees 2 new patients each day, and administrative support is being provided to therapists to book appointments in date order and discharge those patients where no contact has been made. Joint working has also commenced with the reablement service to cross-reference caseloads between services to establish if there is any duplication of cases seen by both or waiting to be seen by both. As part of the QI project, if there is an overlap between the two services, plans will be put in place to develop a streamlined pathway that prevents duplicative efforts.

Across Newham Community Health Services, the Diabetes team continues to observe an increase in its waiting lists. FreeStyle Libre, a glucose monitoring application that allows service users to self-monitor their glucose levels, has led to an increase in referrals. Discussions have taken place with ICB colleagues regarding this new demand, especially since FreeStyle Libre referrals are not part of the current Service Level Agreement (SLA). Monthly meetings are in place to see how this can be taken forward and if there are any signposting opportunities to other community services to support this need.

The Foot Health Service in Newham is experiencing high demand and reduced capacity due to the service having recently vacated Ferns Road. The service is currently prioritising service users based on clinical need, and most of the service users not being seen within the timeframe are low clinical need referrals, for example, nail cutting. As a temporary measure, the Foot Health service is currently being held in Tower Hamlets and being managed by Newham staff. This change is currently being organised as a Plan, Do, Study, Act (PDSA) cycle of testing to determine its effectiveness. The local performance team is supporting with a mapping exercise to identify service users who are on the border of Newham and Tower Hamlets and referring urgent referrals to this new hub in Tower Hamlets. Non-attendance is being monitored closely to see if the additional travel time has a negative impact. Longer-term plans are in place to repurpose space within Manor Park which currently houses cardiac rehabilitation and phlebotomy services.

In Bedfordshire Community Health Services, the podiatry waiting list has reduced from 878 to 721 in the last three months. There has been a reduction in the North, due to a targeted increase in improving physical clinical capacity within nail surgery. In December, there were 172 new referrals awaiting assessment in the North team and in January, this had dropped to 52. This hasn't been possible in the South due to low staffing levels. A rota has been developed three weeks in advance to lessen the burden on admin teams and enable bookings to be made by letter and text, to help manage the number of missed appointments, as these are showing an increase in recent months.

A backlog recovery plan for the Chronic Fatigue Service (CFS) in Bedfordshire has recently been developed, and a QI project commenced a few months ago to reduce the number of patients waiting over 18 weeks, and reduce the number of inappropriate referrals. A referral template has been co-designed with GPs to improve the quality of referrals received and in the last 3 months, the total number of service users waiting has decreased from 58 to 30, with 91% of service users being seen within 18 weeks against 59% at the start of the project. With the implementation of a new non-attendance policy and improvements in referral to treatment times, the QI project remains ongoing to measure the impact of this on waiting times.

The Wheelchair Service in Bedfordshire Community Health services is experiencing an increase in the treatment waiting list. Clinicians have been allocated more non-client

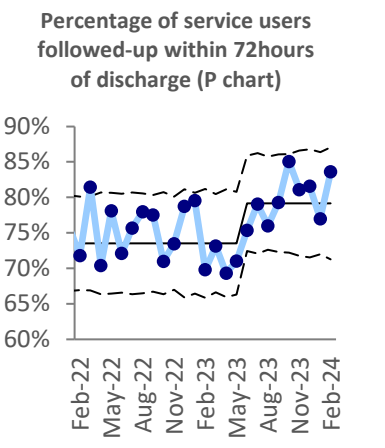
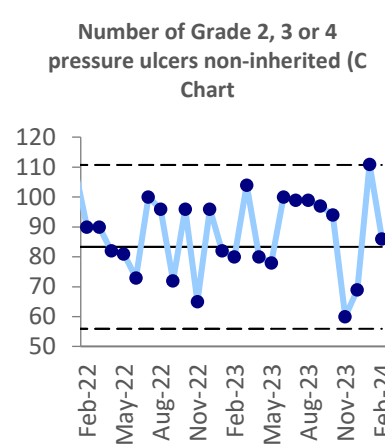
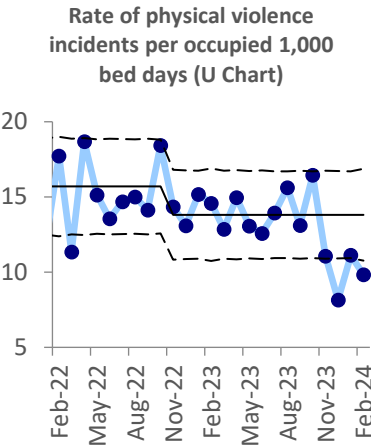
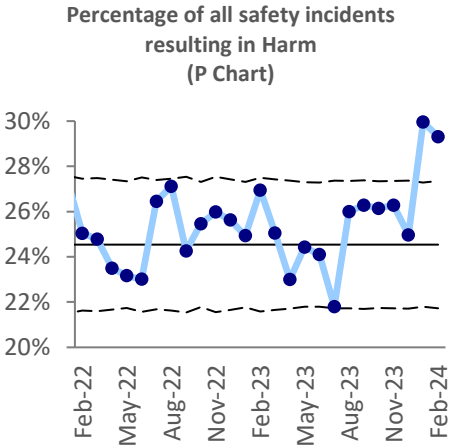
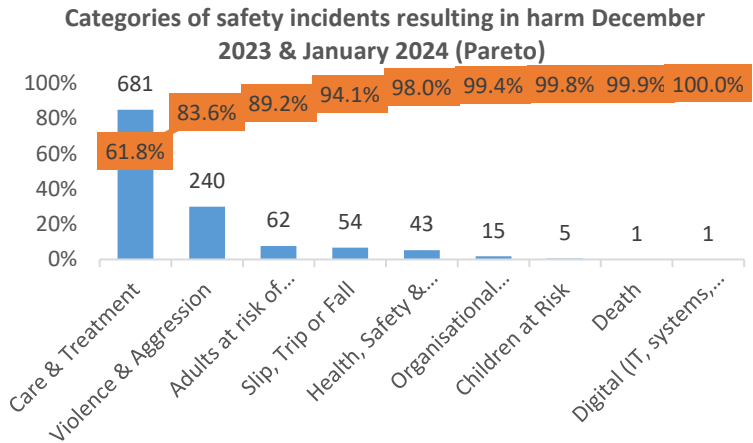
Access and Responsiveness

facing time to manage large caseloads, maintain clinical admin, support students on placement, and complete mandatory training, which has impacted capacity in the service. However, the main contributor to this increase are delays in equipment, resulting in more people waiting for longer periods. Due to supply chain and material shortage, equipment 'lead in' times rose from 1-8 weeks to 10-18 weeks. While there has been an improvement with the supply of most items, waiting times for equipment remain longer than the 18-week pathway allows and beyond the influence and control of the service. The administration team maintain a robust process for tracking and chasing equipment in a timely manner, and additional resource for staffing and equipment is being explored to deal with the waiting list.

As highlighted in Appendix 1, 70.5% of referrals to perinatal services were seen within 28 days, with the target being 80%. This is consistent with previous months, however, the perinatal service in Luton & Bedfordshire is on track to meet its access target at the end of Quarter 4. This is currently at 905 against a target of 1279. Corporate performance have completed a time and capacity audit to understand how medical and non-medical staff are spending their working day. This revealed that, in theory, the service has sufficient medical capacity to meet the demand coming into the service, however, time is not being used effectively to meet this demand. The two-week audit revealed that out of the 21 staff, a total of 410 hours was spent on admin tasks, which equates to 40 hours spent by each staff each month. It was recommended that the service think about ways of supporting clinical staff to reduce their admin activities or find ways to delegate this, to free up more clinical time. A focus group was held in February to discuss these findings with the team and a driver diagram will be developed in early March with recommendations and change ideas for the service to test.

Early Intervention Services continue to exceed the national target of 62% of service users commencing treatment within 2 weeks of referral, achieving 76% in January.

Safety



The Pareto chart above shows the overall distribution of reported incidents resulting in harm in December and January, with 62% of reported incidents related to Care and Treatment and 21% related to violence and aggression. The main care and treatment incidents related to pressure ulcers across Community Health services, which have increased from 67 in December to 111 in January. Additionally, there has been an increase in instances of self-harm and the use of restraints in relation to a few individuals with complex needs in adult mental health services, which is believed to be related to high acuity, complexity and occupancy levels. This is particularly notable in CAMHS inpatient services, where similar incidents increased from 18 to 38 over the last two months.

The increase in acquired pressure ulcers within ELFT in January was primarily observed in Bedfordshire Community Health Services, with a notable increase in low-harm pressure ulcers, while moderate and severe-harm ulcers remained stable. This indicates proactive reporting and early intervention of low grade pressures ulcers by teams, preventing further deterioration. It also reflects that the complexity and acuity of individuals being managed actively by staff. Teams have highlighted that increasing levels of complexity of presentations has contributed to this rise as well as service users not adhering to advice and guidance. Key lessons learned include ensuring that wound assessments are completed at the initial assessment, so there is a baseline for wound progress. Delays in equipment, such as mattresses, cushions and seating, have been contributing to this deterioration, which is being regularly chased to ensure this is in place in a timely manner. While awaiting the equipment, additional dietetics support is also being considered for cases where deterioration is evident or for high-grade pressure damage.

In Tower Hamlets, there has been an increase in the number of low-harm pressure ulcers reported. However, in most cases, these did not deteriorate further into higher categories. There continue to be problems with equipment providers and teams are reminded to escalate and report all concerns. Healthcare assistants and nurses are being encouraged to ensure that they do not assume previous visiting health professionals have reported pressure ulcers on the new incident reporting and management system, InPhase. In Newham, there has been a sustained reduction in low-harm pressure ulcers. The teams are currently focusing on training care agency staff during the next two months to ensure that everyone involved in the patient's care is aware of the repositioning plan. The next steps include improving communication with carers to ensure oversight at all levels.

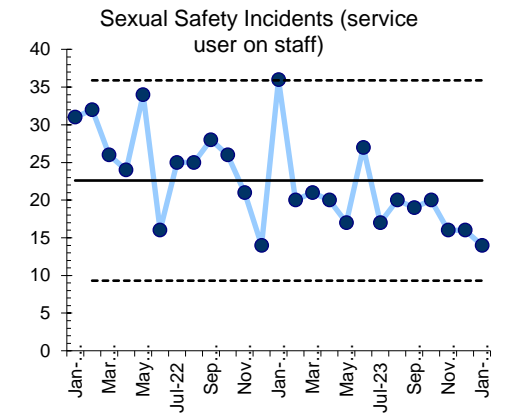
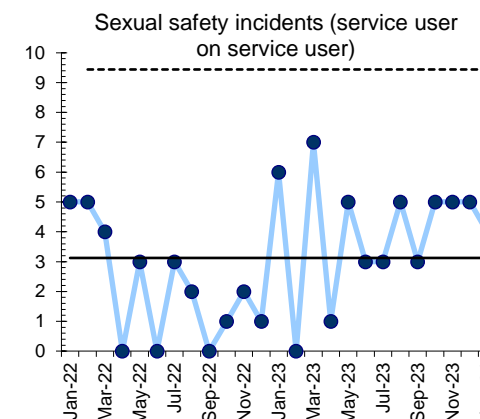
Safety

Incidents within CAMHS inpatient services have been influenced by various factors, including the closure of several psychiatric intensive care units in London due to quality issues. This has led to an increase in admissions of young individuals with heightened acuity and complexity which necessitated enhanced observation and use of restraint in some instances, to ensure compliance with medication, food, and personal hygiene. In other instances restraint was used to prevent individuals self-harming. The vast majority of these incidents resulted in no harm, and a small number resulted in low harm.

Additionally, there were service users who met the clinically ready for discharge criteria but faced challenges in securing appropriate accommodation, leading to increased frustration about prolonged stays on wards. A QI project is in place to improve young people's and staff experience of therapeutic engagement in CAMHS inpatient units to reduce the number of incidents on the ward. The team is currently improving its documentation for observations by adapting the existing template, protecting reflective practice sessions and making use of patient reported experience feedback.

The percentage of service users followed up within 72 hours of discharge from mental health inpatient care decreased in January to 75%. All services faced challenges with junior doctor strikes at the beginning of January, which reduced the capacity of staff available to support the follow-up calls. Wards in Newham described several difficulties in contacting service users following discharge, including an increased number of service users without a method of making contact, and increased numbers of service users from outside of Newham. The wards continue to provide some service users with mobile phones and have a designated staff member to complete the follow-up contact. The directorate is planning to launch a working group to look at the entire process around discharge to make follow-ups more robust and identify opportunities to make necessary improvements. Tower Hamlets and City & Hackney have also seen a drop in compliance to 77% and 60% respectively. In City & Hackney, there have been staffing issues related to vacancies and sickness across the inpatient wards which has impacted on the capacity of the team over this period. Despite capacity challenges in January, February is showing signs of improvement across the Trust at 88% compliance.

NHS England launched its first sexual safety charter in September 2023 to protect people in the workplace from inappropriate and/or harmful sexual behaviours. This requires the Trust to equip managers, to fully investigate incidents, and to provide appropriate support to affected individuals. The Trust has signed up to this, and as signatories to this charter, the Trust has established 10 commitments to implement by July 2024. QI projects are underway across Newham and the Forensics Directorate. In Newham, the aim is to increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disability services. Work is underway to improve the culture around sexual safety by improving open communication. As such, a questionnaire for staff around confidence to address sexual safety has been developed using a QR code to invite future change ideas. Staff are currently completing the questionnaire and the results will be interpreted in the upcoming months.

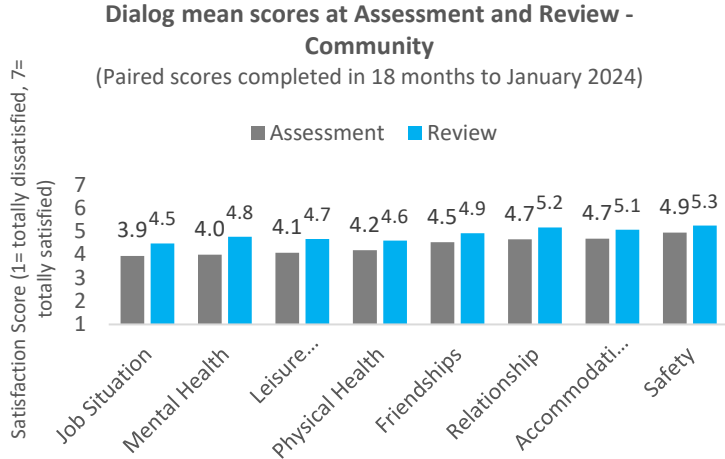
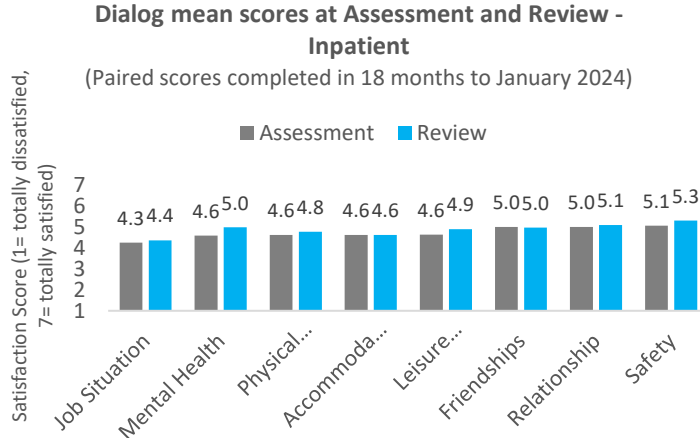
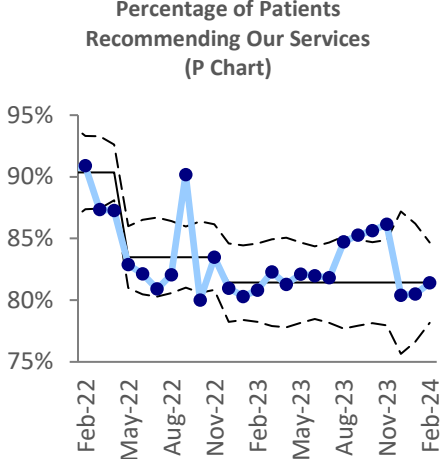
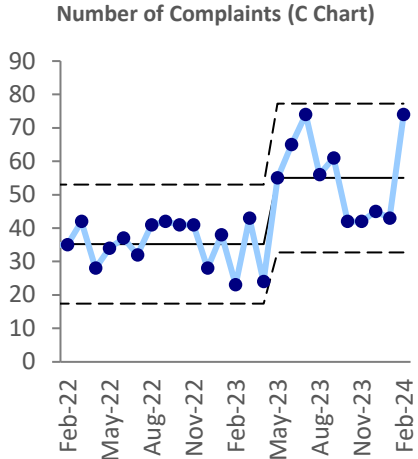


Safety

In Forensics, the team is working to embed 2-way communications with the police and designated ward liaison, to ensure sexual safety incidents are reported promptly. This will improve knowledge around sexual safety incidents, allow for data collection, and ensure that affected individuals are sign-posted to available support. Incidents of sexual assault in forensics have decreased from an average of 7 per month to 1 per month across the last six months.

To increase awareness about sexual safety, the ELFT Women's Network participated in the global 16 Days of Action against Gender-Based Violence campaign hosting two pivotal events aimed at raising awareness and offering support. The two sessions provided attendees with crucial knowledge on maintaining sexual safety, understanding consent, recognising the warning signs of sexual abuse as well as the support that is available across the Trust for staff and service users.

Experience and Outcomes



The number of formal complaints has stayed stable, and services have highlighted the benefits of promptly addressing complaints informally. The percentage of service users who would recommend our services has returned to the average level of 81%. We attribute the change to a decrease in survey responses collected (approximately 600-800 fewer) since transitioning from the Envoy to Civica digital platform, the new system that captures service user feedback. There is no evidence of any particular directorate receiving more negative feedback than usual since the transition began, and while the overall number of responses is lower than before, positive responses are rising. Services have access to data to monitor the amount of feedback collected over the past four months and the quality assurance team will work closely with teams collecting lower than expected numbers of responses or experiencing a decline since the change.

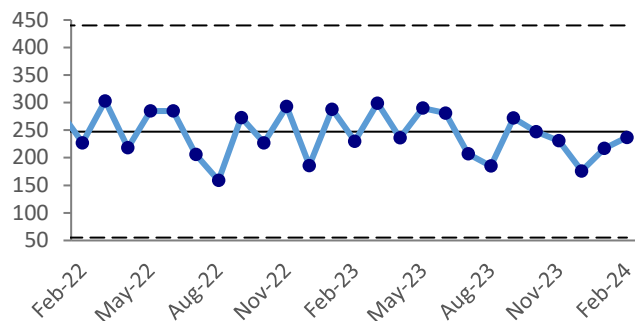
The Dialog outcome charts show improvement in average scores between initial assessment and subsequent review, for both inpatient and community-based services, across all quality-of-life domains. The Community Mental Health Transformation programme has developed a replacement framework for Care Programme Approach (CPA) and circulated to teams. This document provides guidance to implement DIALOG and DIALOG+, sets out the role of care coordinators in developing personalised care plans, establishes a minimum standard for care, ensuring that this meets the needs of the service user and carers, and places emphasis on maintaining safety of care. Work over this next quarter will focus on implementing the guidance and training staff to adopt new ways of working.

The proportion of perinatal service users who have completed an outcome measure has decreased to 44%, but continues to exceed the national target of 40%. The service has also seen a positive change in the number of service users not attending appointments over this period.

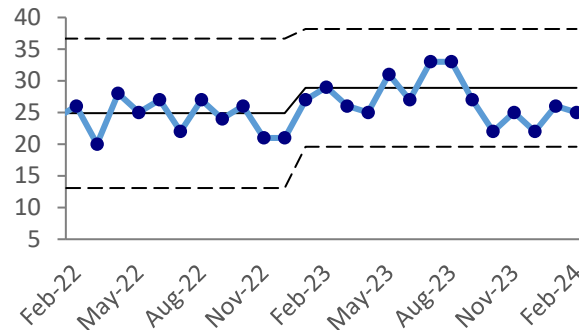
The percentage of service users receiving support from employment services through Individual Placement Support (IPS) has continued to rise from 15% to 19% in January. This is a key long-term-plan indicator, is an important priority for service users and the Trust's population health strategy over the next year. ELFT will host an employment conference in April 2024 to share examples of good practice across the Trust with regards to employment support. The percentage of service users achieving recovery in talking therapies exceeds the national target of 50%, achieving 51%. This compares favourably to the national average of 48%. The proportion of service users who respond positively to the Patient Experience Questionnaire (PEQ), which is administered at the end of treatment, has increased from 87% in November to 98% in January.

Children and Young People

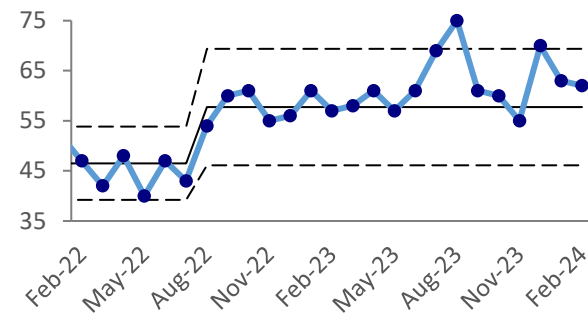
Number of service users presenting in crisis to our crisis pathway (I Chart)



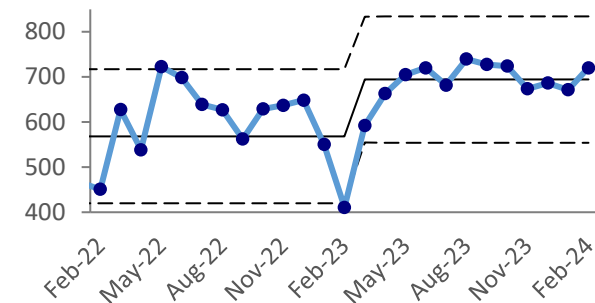
Average Assessment Waiting Time for Children and Young people aged 0-18 (I Chart)



Average Treatment Waiting Time (Days) for Children and Young people aged 0-18 (I Chart)



Tier 4 Occupied Bed days East London excluding leave (I chart)



The number of crisis presentations is stable at 227 per month in January. All CAMHS teams are meeting their Long-Term Plan access targets for urgent and routine referrals for the Eating Disorder Service.

In Bedfordshire CAMHS, the waiting list has remained stable for assessment and treatment. The only pathway that is observing an increase is the Autism service, however the team has been successful in recruiting to an assessor role in January who will be able to conduct more assessments. It is hoped that this will reduce the waiting lists for assessment from February whilst also reducing the usage of temporary staffing.

In Tower Hamlets, the waiting list has increased from 203 to 280 for assessment and remained stable for treatment at 130. The team has limited capacity due to staff sickness within the service. The main increase in demand is across the ADHD and Autism pathways. To tackle this increase in demand, two members of staff have been delivering ADHD-specific parenting interventions to support families on the waiting list. This has been delivered through an online evidence-based parenting and mental health training programme, provided by the charity Parents Plus. These courses have been in place for a few months and provide a space to discuss with parents how to manage complex situations at home, while also providing a safe space to discuss any concerns that they may have. Once the courses have concluded, these two members of staff have catch-up sessions with families to check in with them about the progress they have made. There are plans to adapt and deliver this training to Special Education Needs Coordinators in Tower Hamlets to increase awareness and support young people awaiting assessments.

In City & Hackney, the waiting list has decreased from 143 to 99 for assessment and increased for treatment from 105 to 139. Group therapy sessions continue to be implemented to reduce the waiting list. Targeted training with staff is underway to ensure that they are on hand to deliver these sessions and improve engagement.

In Newham, waiting times are starting to decrease from 343 to 320 for assessment and 180 to 165 for treatment. The dedicated groups lead commenced in the service in January and is starting to train new members of staff in delivering group sessions, encouraging service users to be seen within a shorter period. More training is being undertaken so that one member of staff is able to lead a group sessions, whereas previously, this had to be conducted in pairs.

Children and Young People

The East London Discovery College, supported by Mind, has been working closely with children's services to run a range of taster sessions for young people focusing on the themes of anxiety, depression, self-esteem, anger management, and emotional resilience. These sessions were run over a period of two weeks in February targeted at young people aged 13-18 years old from Tower Hamlets, Newham and City & Hackney. The Discovery College has been able to provide service users with additional support at a community level, either alongside existing care or while they wait to receive support. The courses were co-designed and developed with patients, carers, families and other key stakeholders to provide information and resources to support young people with emotional health and wellbeing, including positive preventative engagement. Feedback from attendees was collected from the two-week taster sessions and is currently being reviewed to inform the future design around this community initiative to offer a range of courses, information and resources.

Across SCYPS services, a referral chatbot has been introduced which directs referrals to the correct service without needing to go through a central filtering process. The new process commenced at the end of January and ensures that information arrives quickly to the right team. Referrers can access this by going to the SCYPS section of the Trust website, selecting the specific SCYPS team that they wish to be referred to and completing the relevant information fields. This new option means that the relevant service receives the direct information that they need from the start, ensuring that the service user receives support in a timely manner.

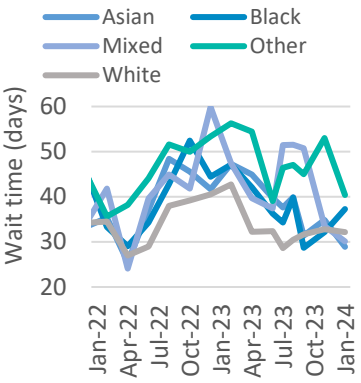
Regular demand and capacity meetings are in place across SCYPS. A granular workforce planning tool, known as Alycap has been developed by a project manager in the service to map how time is spent by members of staff. Work is underway to convert this tool into an audit to map demand and capacity across the service to think about potential improvement ideas that could support a reduction in waiting times.

The SCYPS Speech and Language (SLT) team data shows a reduction in the number of service users waiting for a first appointment from 738 to 657. All vacancies were recruited to in October, however the service continues to be mindful that there are currently 20 WTE SLTs whose funding expires in March 2024. A full business case has been submitted to the ICB and Newham Health and Social Care Board which covers the staff affected for additional funding.

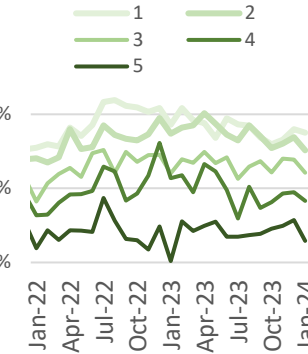
Across the SCYPS Autism Spectrum Disorder (ASD) service, the waiting list has increased from 1226 to 1276 in the past month. The service is being provided with support and demand and capacity tools to maximise efficiency and productivity within the service.

Equity and Equality

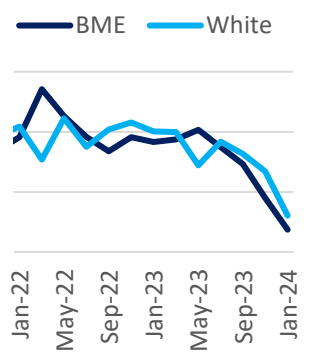
Average wait for assessment by adult community mental health, by ethnic group.



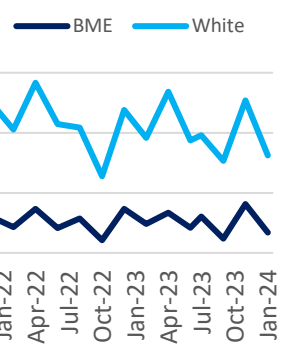
Appointments not attended, by deprivation quintile - Mental Health (1 = most deprived, 5 = least deprived)



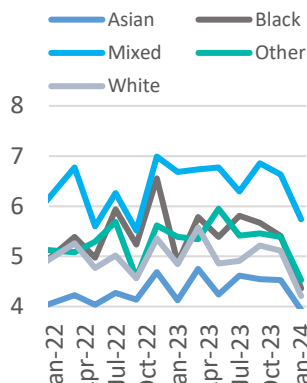
Number of Adult restrictive practices per 1000 occupied bed days (OBDs), by ethnic group



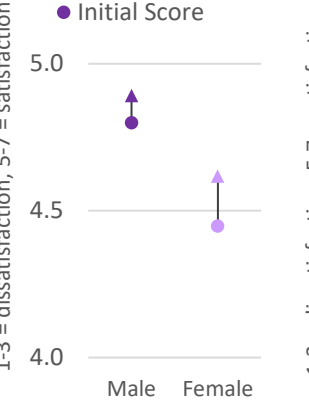
Rate of referrals to CAMHS services per 1000 population, by ethnic group.



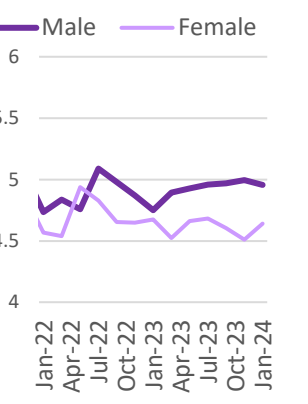
Trust wide referrals to IAPT services, by ethnic group, per 1000 population.



Change in average Dialog score



Average Dialog score at review, by gender



This section focuses on a range of equity and equality measures through a gender, ethnicity and deprivation lens in order to better understand disparities and the initiatives underway to provide more equitable care. Equity measures have also been added to each of the populations in the full system performance dashboard (see Appendix 1).

The analysis in this report is going to focus on the relationship between deprivation and appointment non-attendance across mental health services. National research and feedback from services has highlighted a number of different theories to explain non-engagement with appointments. These theories range from patient factors, such as individual circumstances and preferences, illness and demographic factors, as well as systemic factors, including issues related to healthcare access, communication barriers, and organisational inefficiencies. In the context of individuals from deprived neighbourhoods and backgrounds within mental health services, the challenges associated with non-engagement with appointments are often compounded and more detrimental than medical specialities, as this group frequently faces a range of socio-economic barriers that can further impede their ability to attend appointments and engage with healthcare services effectively. Furthermore, these individuals may also experience heightened levels of stress, anxiety, and uncertainty regarding their health and well-being. These concerns can stem from factors such as unstable housing, food insecurity, and lack of access to essential resources particularly as result of high cost-of-living. Consequently, prioritising healthcare appointments may become secondary to more immediate survival needs, especially when faced with competing demands on limited resources.

Boroughs in East London are amongst some of the most deprived in the country. In Luton, the level of deprivation compares to that of East London. Central Bedfordshire displays a higher concentration of affluent neighbourhoods, whereas Bedford borough features more of a blend of affluent and deprived areas. Overall, the data shows that service users from deprived neighbourhoods have higher levels of non-attendance than more affluent areas. However, upon further analysis of the data, there was some variation in non-attendance among services even in areas of comparable deprivation areas within the same borough in East London, as well as across other boroughs within the Trust, such as Luton. Non-attendance was higher and more variable across some teams, such as Adult Neighbourhood mental health teams, Community Recovery teams, some Specialist Psychological Therapy, Arts Therapy services, ADHD & Autism, Employment services, Memory and older people's mental health teams, and

Equity and Equality

Crisis Café's. Similarly, across CAMHS there is variation noted in some schools teams and mental health support teams, single point of entry teams, neurodevelopment and emotional behaviour services, and services offering group therapy interventions. The vast majority of community CAMHS teams have lower percentage of missed appointments compared to Adult and Older Adult services. In Bedfordshire, although non-attendance was higher in certain deprived areas, the situation is more nuanced, with some services exhibiting higher or comparable non-attendance levels among individuals from affluent areas in comparison to those from deprived areas, for example in adult ADHD, autism and the CAMHS Looked After Children Team, underscoring the multifaceted nature of the challenges involved. The data also showed that in some teams there was a higher percentage of non-attendance for first appointments compared to follow-up appointments, which might indicate that once service users make contact and become familiar with their team and clinician, they generally maintain better engagement. Some older adult community and diagnostic services had lower percentage of missed appointments than adult services, which is similar to national data and often linked to the differences between the lifestyles of different aged groups.

Overall, to reduce missed appointments, some services have established a system of delivering reminder calls to service users 2-7 days prior to their scheduled appointments. Most teams have also restarted automatic text reminder systems for appointments (stopped during the pandemic due to safety concerns about sending incorrect appointment information as a result of changes to clinics and methods of contact, and moving from face to face to virtual). These reminder texts get sent to service users two days before their scheduled appointment. Some services have identified issues with text reminders not being available for all appointment types and are working with the digital team to ensure reminders are set up and working correctly. Additionally, our teams are actively engaging with service users who miss appointments to understand the reasons behind their non-attendance before scheduling new appointments. Letters are also sent to service users and their GPs following missed appointments, aiming to raise awareness and promote a comprehensive approach to managing non-attendance. To enhance service user engagement, some services have created information leaflets, translated into multiple languages. These materials are distributed to GP practices and included with appointment letters. Furthermore, ongoing staff training initiatives are underway to ensure the accuracy of non-attendance recording as well as capturing of correct mobile phone information to ensure that text message reminders are received by service users .

In adult autism and ADHD services, factors contributing to non-attendance include prolonged waiting times for appointments, individuals opting to seek care elsewhere, as well as administrative issues like the timely dispatch of letters and appointment reminders. The Bedfordshire adult autism service has developed a plan to address waiting lists, and part of this initiative involves service users being regularly updated and signposted to alternative resources to support them during the wait. Furthermore, proactive telephone outreach is conducted with those facing the lengthiest waits, to enhance engagement and mitigate any potential risks. ADHD services have measures in place such as sending reminder letters and texts, but are also conducting staff training and awareness sessions to ensure adherence to local non-attendance policy. This recommends that teams review referrals and avoid automatically rescheduling appointments when service users miss their scheduled appointments on multiple occasions.

Within adult neighbourhood and recovery teams, non-attendance may have been influenced by the ongoing transformations of pathways and shifts in roles and responsibilities. Additionally, instances of sickness and vacancies among clinical and administrative staff could have contributed to this issue. However, the situation has stabilised, and services are now focused on ensuring timely dispatch of letters and text reminders. Data quality issues have been identified, particularly regarding inaccuracies in recording non-attendance and cancellations on clinical systems. Some staff incorrectly record cancellations as missed appointments. To address this, additional training and awareness sessions are being arranged for staff to enhance recording accuracy.

Equity and Equality

In Luton and Bedfordshire, teams have faced added difficulties because some service users lack access to mobile phones, the population is transient, and there is a substantial number of individuals who are homeless, all of which create barriers to sustaining engagement. Efforts are currently being made within neighbourhood teams to enhance outreach and support in collaboration with partners. Services in Bedfordshire and Luton have also pointed out obstacles in rural communities, where transport is limited compared to boroughs in East London. Residents from affluent neighbourhoods may have better access to personal transportation and taxis for appointments, unlike those from deprived areas who may depend more on public transport. Previously teams had transport budgets to support vulnerable service users facing difficulties accessing services to book taxis to attend clinics, which is no longer available. Further work is underway to look at alternative arrangements, including making services more accessible within community hubs, in collaboration with other partners and voluntary organisations. Teams are also offering more home visits where required and working closely with carers and family members to coordinate care.

Appointment non-engagement with employment services varies across the Trust, with Luton having higher levels of non-attendance among service users from deprived neighbourhoods than East London and lower levels among services from affluent areas, particularly in Bedfordshire. The Luton and Bedfordshire service attributed some of these challenges to factors such as service user motivation, confidence, digital poverty, and readiness to engage with the services. The service proactively engages with all referrals and offers multiple appointments in order to engage services users, which can result in higher levels of non-attendance. A number of initiatives are underway in the service to reduce missed appointments, including working with community teams to prepare service users for contact with the team, and holding drop-in clinics within different community settings to help familiarise service users to the support on offer. The employment team have also agreed with the DWP to run clinics from the local Job Centre, where service users can get wider advice from mainstream services such as housing and benefits. The service is also working closely with the Carers and Working Together Groups to share learning and experiences of using the service to help promote better understanding of the service and care that can be provided.

Across the adult art therapies teams in City & Hackney, higher levels of non-attendance are believed to be related to referrals that are often not discharged until the service user is engaged, and this can increase the number of missed appointments. In addition, staff offer care within the community and inpatient settings, and clinicians are also integrated within neighbourhood teams, which allows referrals to come from a wide range of sources. Staff have noted that engagement with therapists within inpatient wards is higher than community teams, especially when service users are familiar with staff and more motivated to engage with activities to support their recovery. In order to improve attendance within community teams, a new post has been established to foster collaboration with neighbourhood and primary care teams, and increase awareness of the support available to meet specific needs. Additionally, the service has initiated a practice of contacting individuals who frequently miss appointments to evaluate their well-being and determine their readiness for additional support.

The Crisis Café in Tower Hamlets is open to all members of the public and provides advice and support for their mental health needs. It is a walk-in service, and clinicians advise visitors to 'drop-in' when it suits them. Staff usually schedule a generic appointment for those who express an interest in visiting, to alert the service to expect them, but if they fail to show up, it is recorded as a missed appointment. In contrast, other Crisis Café teams do not record appointments in this manner because the services are walk-in. This has prompted a review of recording procedures to ensure consistency across the Trust. Furthermore, some Crisis Cafés are currently reviewing their service models to ensure maximum utilisation, effectiveness and reach into communities that are currently not accessing the service.

Equity and Equality

In some adult specialist psychotherapy teams spanning East London, Luton, and Bedfordshire, missed appointments have been linked to specific interventions, such as dialectical behaviour therapy, tailored for individuals with complex mental health conditions like Personality Disorder and Post Traumatic Stress Disorder. Some of these individuals require intensive support and encouragement to engage with appointments, often resulting in multiple missed appointments. In addition, teams have noted that more group interventions were introduced to support the reduction in waiting lists. This may also have an impact on appointment attendance, as groups may not be suitable for everyone, and service users may prefer and opt for alternative interventions. Additionally, scheduling group appointments within fixed timeframes may restrict choice of appointment time, which can result in missed appointments during a six-week group programme. Therefore, staff are reassessing how they offer more choice to service users, including how they incorporate digital contact and interventions. Teams are also collaborating closely with referrers to help encourage engagement by actively screening interest levels before making referrals to the service.

Within CAMHS, the complexity of cases, lifestyle factors, and the motivation of young people are highlighted by services as key factors related to non-attendance. Services have identified that CAMHS neurodevelopmental and emotional behavioural teams that provide group interventions tend to experience higher number of missed appointments, particularly in Newham. The service has attributed this to difficulties in accurately recording non-attendance in group appointments within the clinical system, thereby potentially distorting the data. Further training and awareness is going to be provided to staff to help address data quality issues. In Bedfordshire and Luton, a greater proportion of non-engagement is noted among service users from affluent communities within the Looked After Children's service. The team has highlighted that this trend is linked to the challenges individuals can face with frequent changes in social workers, place of residence, and foster parents involved in their lives, which can interrupt engagement with services. The service is proactively working with local authorities to explore different ways to offer support to service users, including holding joint appointments and coordinating efforts and insights from different organisations to support foster parents and young children.

The CAMHS schools team and some mental health support teams provide early mental health care for children and young people within schools and colleges. Services have observed that young individuals frequently attend initial appointments but some may subsequently withdraw due to diminished motivation. This may be influenced by confidence levels or stigma surrounding mental health. In addition, teams were previously constrained by limited capacity to proactively engage young people, however national investment in mental health teams in schools has resulted in gradual expansion of services. This is helping to provide broader coverage and support for young people.

As part of a population health project, the Luton CAMHS and mental health support teams have conducted a series of workshops with young people, parents and wider stakeholders to determine the support they desire and how to enhance access as well as tackle significant stigma related to mental health issues within the local population. A Quality Improvement (QI) project is underway, focusing on the Bangladeshi community. It aims to facilitate better collaboration among providers in supporting service users. The main feedback from service users and parents from the consultation was around improving personal safety, and the team are working with a range of organisations to adopt a whole system approach, underpinned by Marmot Town principles to address the needs of young people. In addition, service users wanted different methods of engagement and access. As a result, teams are closely monitoring service users who frequently miss appointments, and are offering alternative engagement approaches like home visits and community-based initiatives, and promoting use of interpreters where required. They also produced information material in multiple languages to encourage better engagement and understanding about services, which are regularly shared with service users. Teams are also collaborating with the Discovery College, where a range of courses and workshops are offered, focusing on resilience and life skills.

Equity and Equality

Additionally, in collaboration with the People Participation Team, efforts to engage with youth to combat stigma continue through campaigns such as the Better Lives Campaign. CAMHS are also working closely with GP surgeries, with named clinical practitioners allocated to each practice to help screen and assess referrals more quickly, offer early contact and build relationships trust to improve access into services.

The SCYPS physiotherapy team aims to reduce appointment non-attendance from 10% to 5% by the end of December 2024. The main challenge is around the administration processes and accurately recording the outcome of appointments on the clinical system. A recent review revealed that staff typically take four weeks to schedule a follow-up appointment after an assessment, due to variation in recording practice. To address this, the team is introducing ideas to reduce the wait time to two weeks by retraining staff and changing administrative processes. While the service has reported a slight decrease in non-attendance, there has been an increase in appointment cancellations, indicating a need to revisit the cancellation policy, which will be addressed in the Quality Improvement project.

The Bedfordshire Path 2 Recovery service has been experiencing high number of missed appointments, particularly with patients who require regular prescribing. Work is underway to streamline the communication approaches, as currently there is variation among staff using letters, text messages, emails, phone calls, or voicemails. As part of the project, the team plan to identify the preferred communication method for service users.

As we get closer to the start of the next financial year, many services are starting to develop their priorities for 2024/25. Service user engagement and decreasing non-attendance is a common theme that teams want to address and improve. For example, across City & Hackney services, some quick wins have been identified to provide more notice to patients for appointments. Currently, patients are only reminded two weeks before their appointment, which is often insufficient because of work, family or holiday commitments. The service plans to extend this to six weeks' notice and explore having a system to send reminders automatically to staff and service users. Based on service user feedback, a suggestion has been made to offer more convenient appointment times. Currently, most of these take place in the morning, however, there is a large proportion of service users who struggle with early morning appointments. Similarly, Newham and Tower Hamlets mental health services have identified a priority around improving appointment attendance as part of their focus on improving safety culture of community teams, and are undertaking further scoping exercises to understand and develop initiatives to address the issues.

Appendices

Appendix 1 – System performance dashboard

Appendix 2 – Regulatory compliance against the system oversight framework

Appendix 3 – Prevention of future deaths reports issued in the last two months

Appendix 1: System Performance dashboard - overview

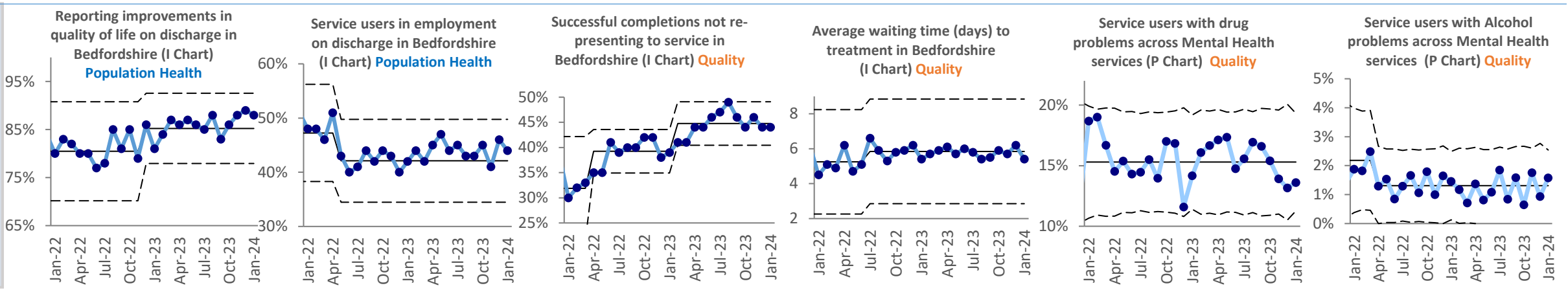
Special cause variation (↑ ↓) and when it's of potential concern (⬆️ ⬇️)

		Average
People with substance misuse problems		
Service users reporting improvements in quality of life on discharge in Bedfordshire	Population Health	85%
Service users in employment on discharge in Bedfordshire	Population Health	42.1%
Percentage of successful completions not re-presenting to service in Bedfordshire	Quality	44.8%
Waiting times to treatment - average days wait in Bedfordshire	Quality	5.9
Percentage of service users with drug problems across Mental Health services	Quality	15.3%
Percentage of service users with Alcohol problems across Mental Health services	Quality	1.3%
Successful completions in Bedfordshire, by ethnic group	Quality	
Children with complex mental health needs		
Service users presenting in crisis to our crisis pathway (monthly)	Population Health	247.4
Average Assessment Waiting Time (days) for Children and Young people aged 0-18	Population Health	28.8
Average Treatment Waiting Time (days) for children and young people aged 0-18	Population Health	57.8
Carers and service users recommending our Community services	Quality	94.7%
Children and young people aged 0-18 who have received one or more contacts (caseload)	Quality	6581
Admissions to adult facilities for services users under 18 years old (monthly)	Quality	0.1 ⬇️
Tier 4 Occupied Bed days East London excluding leave (in month)	Value	694.1 ⬆️
Percentage of service users has paired Outcome Measures at discharge	Quality	41% ⬇️
Average waiting time (days) for urgent referrals to CYP Eating Disorders services	Population Health	3.3
Average waiting time (days) for routine referrals to CYP Eating Disorders services	Population Health	19.5
Referrals, by ethnic group, per 1000 population	Quality	
Dementia		
Average wait (in weeks) from referral to diagnosis -18 week target	Quality	14.3
Percentage of service users offered on-going post diagnostic support - 6 months after diagnosis	Population Health	95.5%
Average waiting time (in days) from referral to assessment	Population Health	142.5
Percentage satisfaction with service, service users and carers	Quality	91.3%
Percentage of service users seen from minority groups	Quality	
Children with complex health needs		
Percentage with complex neuro disability receiving a clinical review within past 12 months	Population Health	64.1% ⬆️
Percentage of service users and parents satisfied with services – Friends and Family Test	Quality	98.4%
Average weeks waited from Autism Spectrum Disorder referral to first appointment	Quality	72.5
Children receiving ASD diagnosis within 2 or less appointments	Value	75.5%
Percentage of service users referred from minority ethnic groups	Quality	
People receiving end of life care		
Service users on End of Life Pathway (end of month)	Population Health	1,543 ⬇️
Service Users referred to Continuing Healthcare as a fast track in month	Population Health	40.8%
Percentage of service users with Care Plan in place (advanced) in East London	Quality	86.1%
Percentage of service users with Care Plan in place (advanced) in Bedfordshire	Quality	99.6%
Percentage of service users who died in their preferred place of death	Value	75.1%
Percentage access from minority communities (East London)	Quality	
People who are frail or who have multiple long term conditions		
Percentage of service users who have recorded a positive experience	Quality	92.4%
Rapid Response seen within 2 hour guideline	Quality	88.5%
Number of Grade 2, 3 or 4 pressure ulcers (monthly)	Quality	83.3 ⬆️
Promoting independent living - discharged within 6 wks. Bedfordshire	Quality	92.3%
Percentage of inappropriate referrals into Intermediate Care - Bedfordshire	Value	6.2% ⬇️
Percentage of referrals re-referred within 30 days, by ethnic group	Quality	

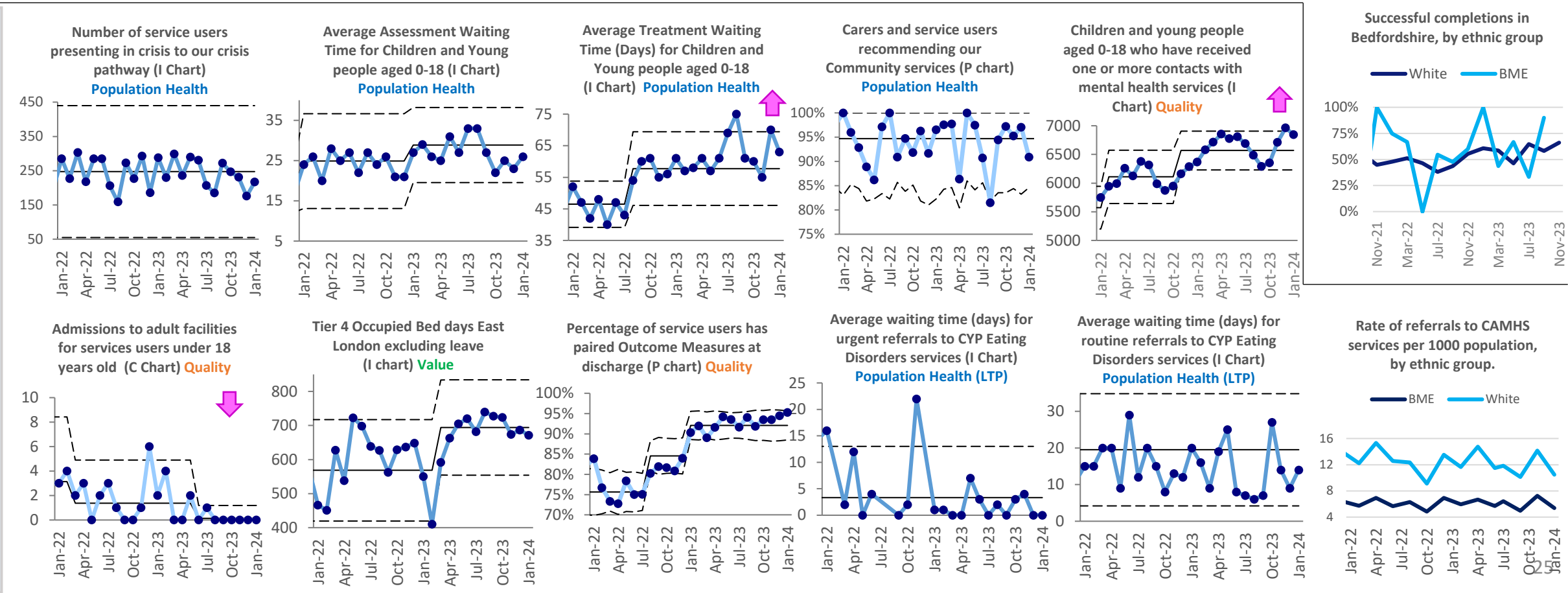
		Average
People with common mental health problems		
Percentage of service users moving into recovery	Population Health	50.9% ⬇️
Percentage access by minority groups	Population Health	39.8%
Percentage of positive comments to PEQ	Quality/Experience	91.5% ⬇️
Average wait times to assessment (in weeks)	Quality/Experience	1.24 ⬆️
Average wait times to treatment (in weeks) from assessment	Quality/Experience	7.0 ⬆️
Number of people accessing IAPT services (in month)	Value	2649
People with a learning disability		
Average waiting times for new referrals seen (in weeks) for assessment	Population Health	7.5
Percentage of service users that would recommend this service	Quality	50.0%
Occupied bed days used in month by service users with a referral to a Learning Disability team	Quality	556 ⬆️
Occupied bed days used in month by service users with a Learning Disability diagnosis	Quality	1640
Occupied bed days used in month by service users with a Autism diagnosis	Quality	120 ⬆️
People with Severe Mental Illness		
Percentage of service users receiving Individual Placement Support – IPS	Population Health	15.5%
Percentage of service users in employment	Population Health	7.5% ⬆️
Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face)	Population Health	76.3%
Percentage of service users in settled accommodation	Population Health	45.9% ⬆️
Percentage of service users followed-up within 72hours of discharge	Quality	79.1% ⬆️
Service user service users with paired outcome measures showing improvement.	Quality	30.5%
Psychological Therapy Service average wait times to (in weeks) to 1 st assessment in East London	Quality	6.3 ⬆️
Psychological Therapy Service average wait times to (in weeks) to treatment in East London	Quality	19.0
Number of restraints reported per occupied 1,000 bed days (monthly)	Quality	19.7 ⬇️
Rate of physical violence incidents per occupied 1,000 bed days (monthly)	Quality	13.8
Bed occupancy	Value	94.1% ⬆️
Percentage of service users with SMI receiving a full physical health check	Quality	
Woman who are pregnant or new mothers		
Number of woman receiving one + contact with specialist mental health services	Population Health	738 ⬆️
Number of service users seen in the month from minority communities	Population Health	41.3%
Percentage of community perinatal service users seen within 28 days	Quality	70.5%
Percentage of service users undertaking Core10 showing improvement	Quality	54%
Percentage of Service Users not attending their initial appointment	Value	23% ⬇️
Stable Long Term Conditions (East London)		
Average weeks waited for initial appointment with the foot health team	Quality	11.2
Average weeks waited for face to face appointment with the Diabetes Service	Quality	6.4
Average weeks waited for initial appointment with the MSK and Physiotherapy teams	Quality	5.4 ⬆️
Average weeks waited for initial appointment with the Continence Service	Quality	4.8
Average weeks waited for initial appointment, by ethnic group	Quality	
Stable Long Term Conditions (Bedfordshire)		
Adult Continence Referral to treatment times average weeks waited	Quality	9.9 ⬆️
Podiatry Referral to treatment times average weeks waited	Quality	17.7 ⬆️
Occupational Therapy Referral to treatment times average weeks waited	Quality	3.0 ⬆️
Physio Referral to treatment times average weeks waited	Quality	3.4 ⬆️
Adult Speech and Language Therapy Referral to treatment times average weeks waited	Quality	5.4
Wheelchairs Referral to treatment times average weeks waited	Quality	15.1 ⬆️
Average weeks waited for initial appointment, by ethnic group	Quality	

Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (⬆ ⬇)

People with substance misuse problems

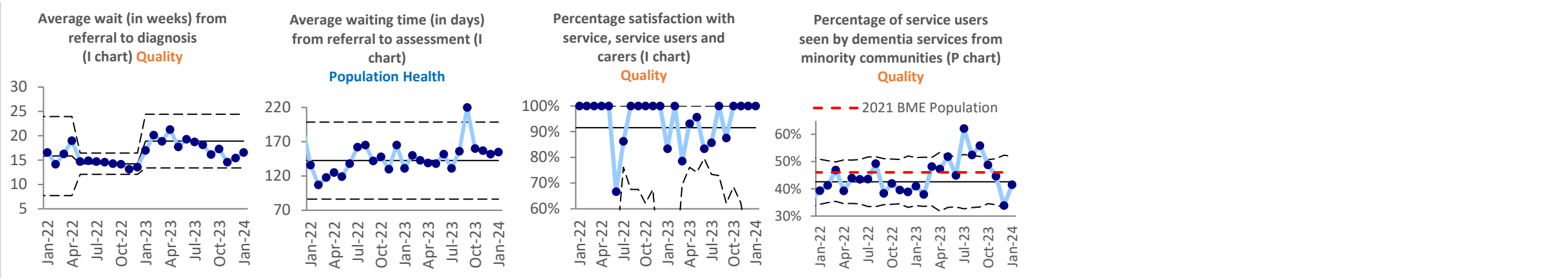


Children with complex mental health needs

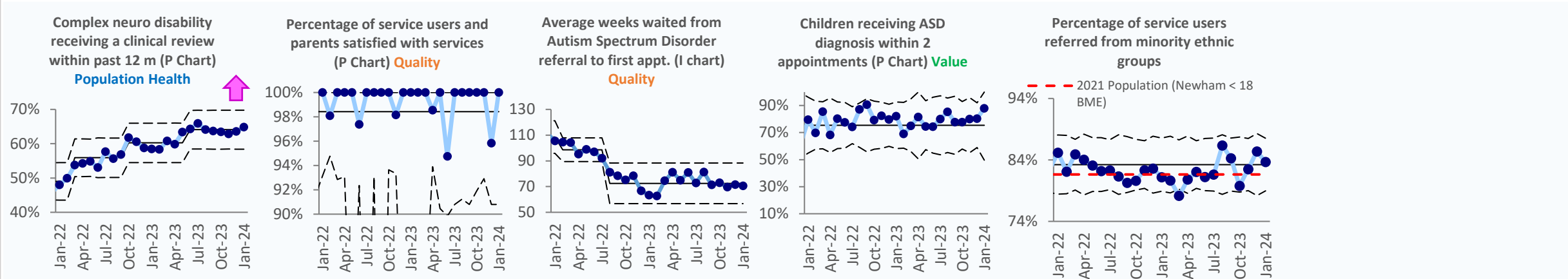


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑↓) and when it's of potential concern (↑↓)

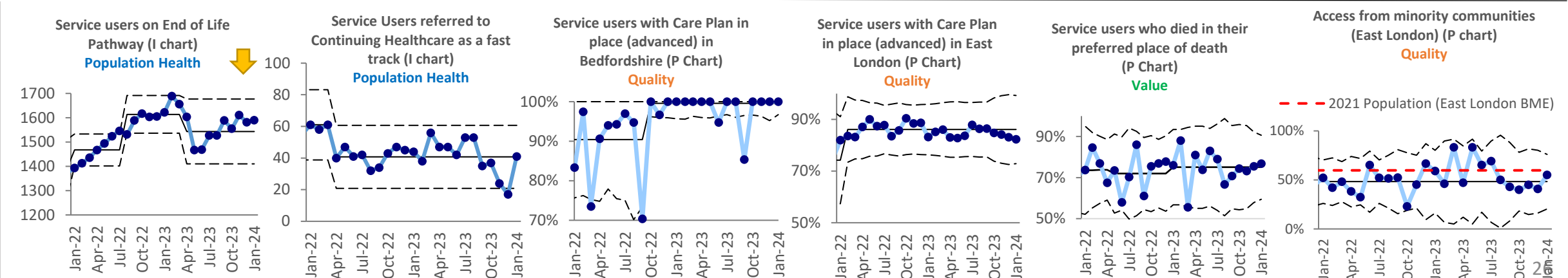
People with dementia



Children with complex health needs

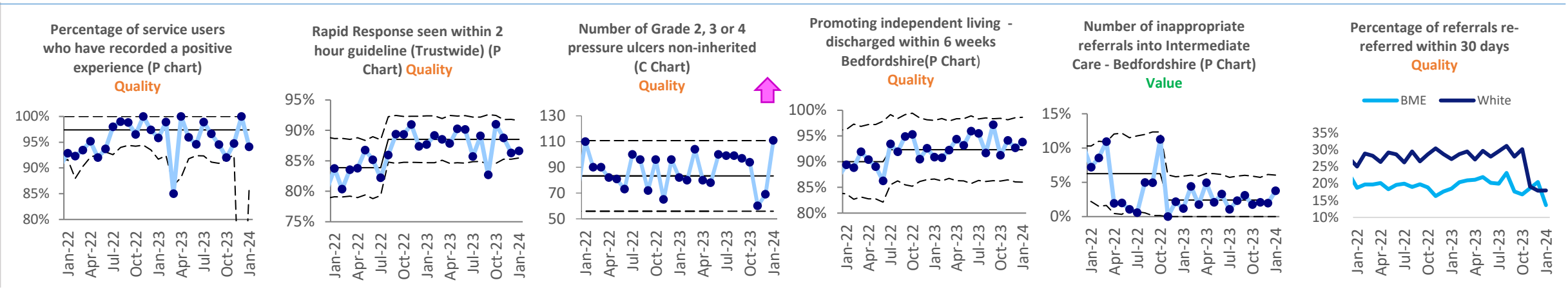


People receiving end of life care

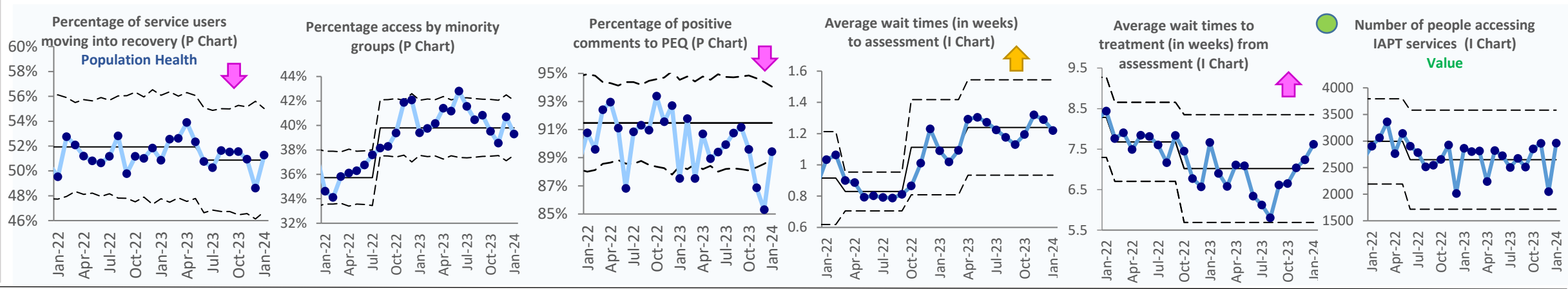


Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

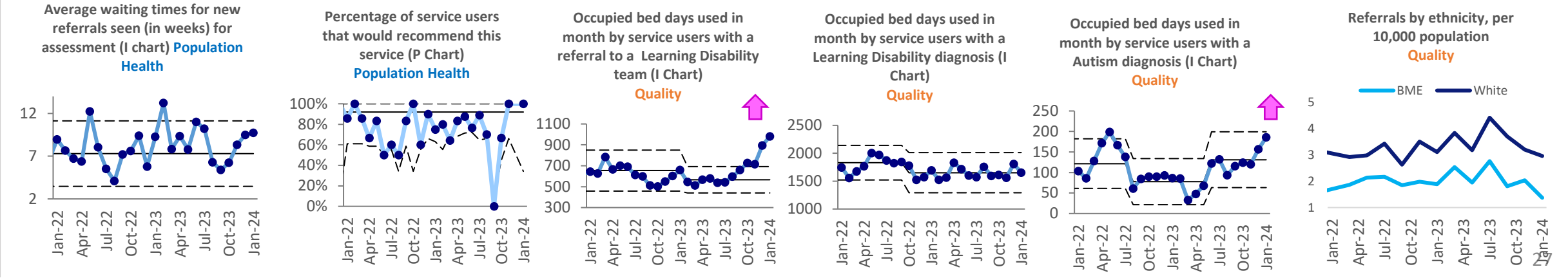
People who are frail or have long term conditions



People with common mental health problems



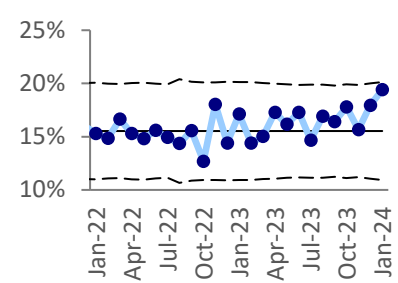
People with a learning disability



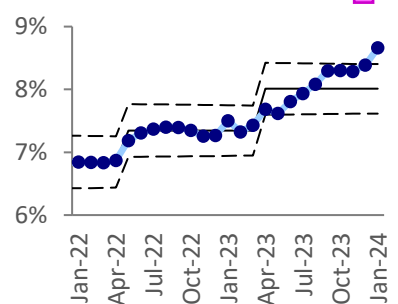
Appendix 1: System Performance dashboard Long Term Plan (●) Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with Severe Mental Illness

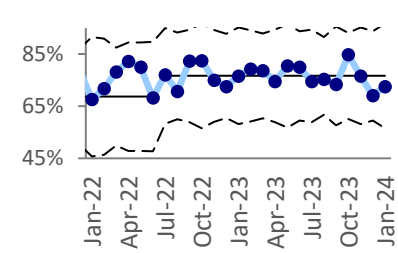
● Percentage of service users receiving Individual Placement Support (P chart) **Population Health**



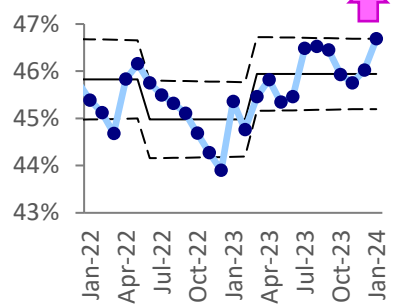
● Percentage of service users in employment (P chart) **Population Health**



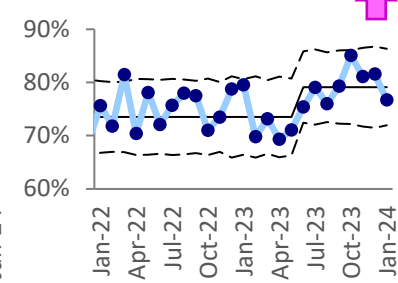
● Service users receiving NICE concordant care within 2 wks of referral (EIS services – face to face) (P Chart) **Population Health**



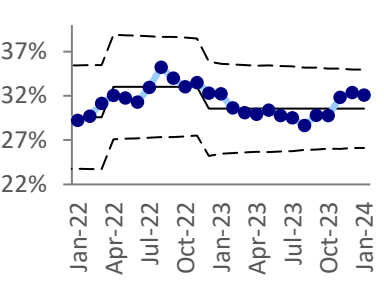
● Percentage of service users in settled accommodation (P chart) **Population Health**



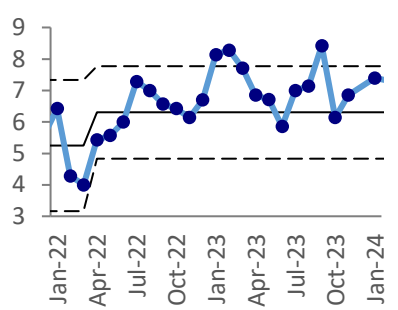
● Percentage of service users followed-up within 72hours of discharge (P chart) **Quality**



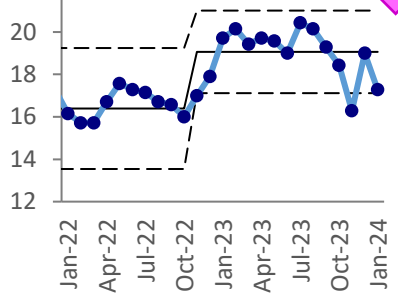
Service users with paired outcome measures showing improvement (P Chart) **Quality**



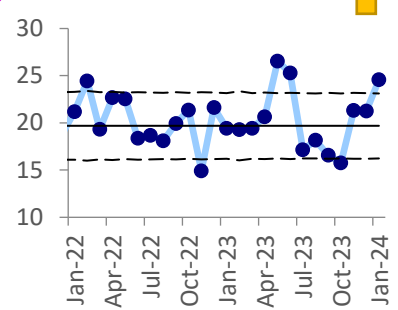
PTS average wait times to (weeks) to 1st assessment in East London (I chart) **Quality**



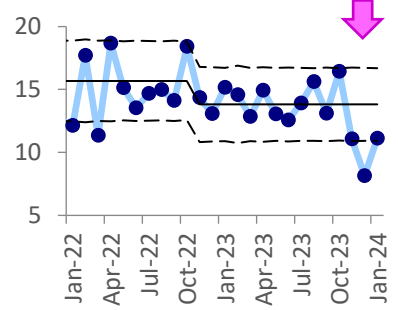
PTS average wait times (weeks) to treatment in East London (I chart) **Quality**



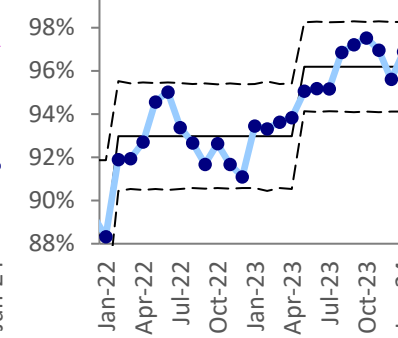
Number of restraints reported per 1,000 occupied bed days (U Chart) **Quality**



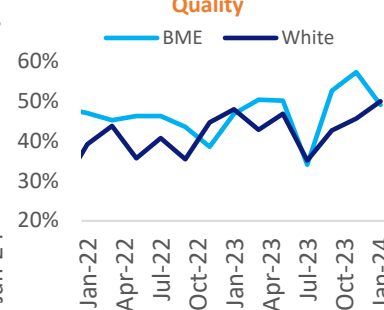
Rate of physical violence incidents per occupied 1,000 bed days (U Chart) **Quality**



Bed occupancy (P' Chart) **Value**

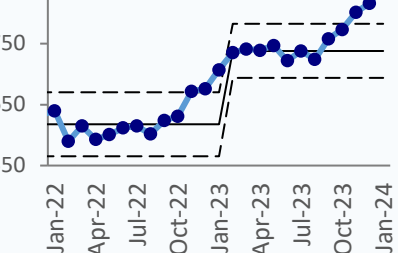


Percentage of service users with SMI receiving a full physical health check **Quality**

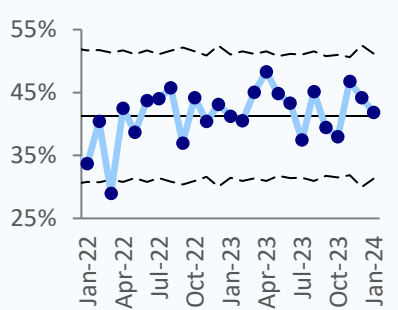


Woman who are pregnant or new mothers

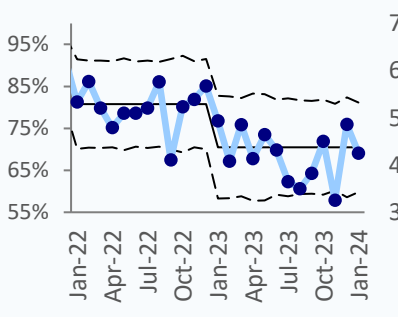
● Number of women receiving contact with specialist mental health services within 12 months (I Chart) **Population Health**



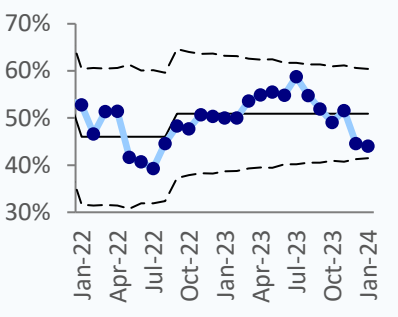
Service users seen in the month from minority communities (P Chart) **Population Health**



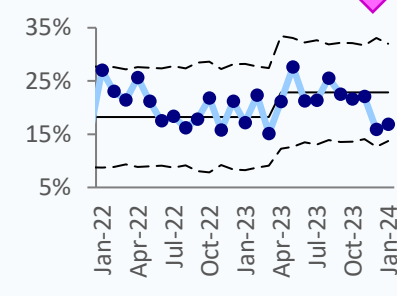
Percentage of service users seen within 28 days (P Chart) **Quality**



Percentage of service users undertaking Core10 showing improvement (P Chart) **Quality**



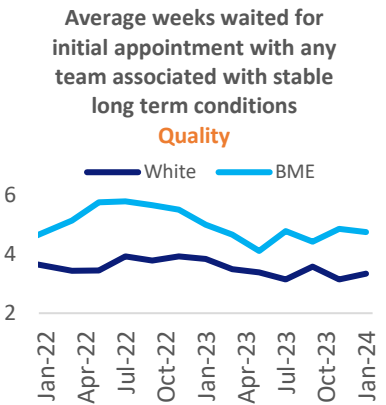
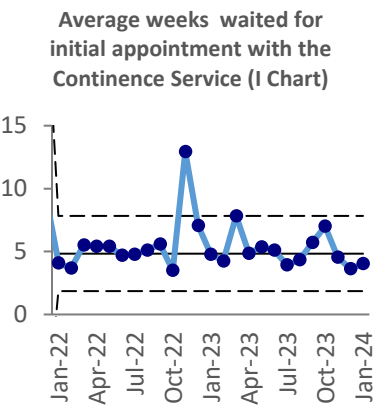
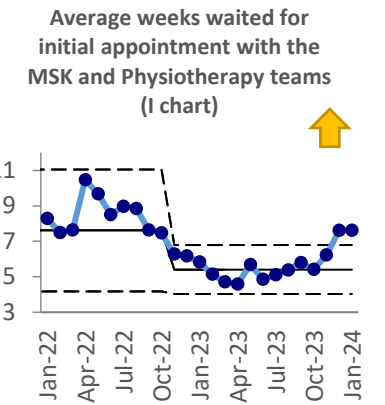
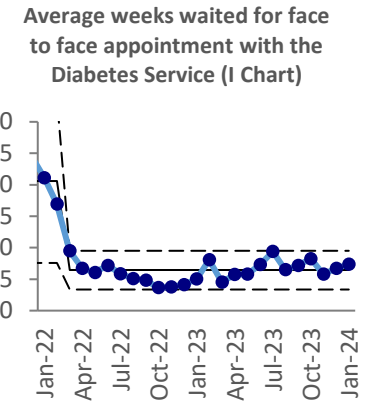
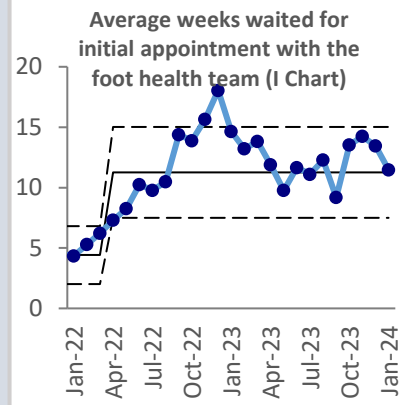
Percentage of Service Users not attending their initial appointment (P Chart) **Quality**



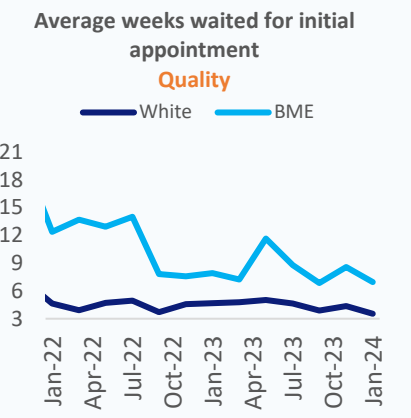
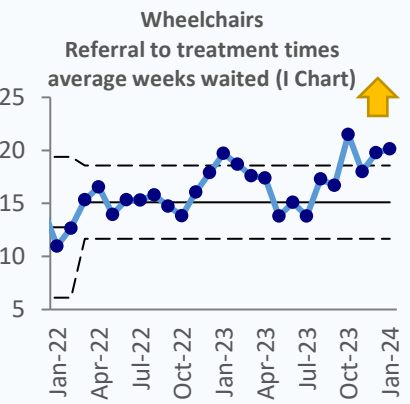
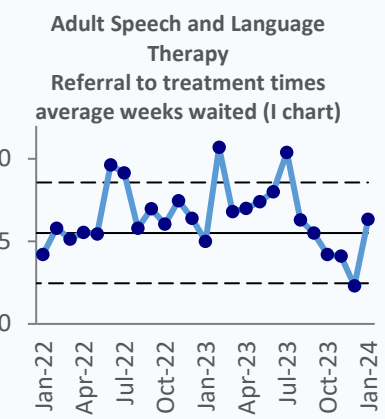
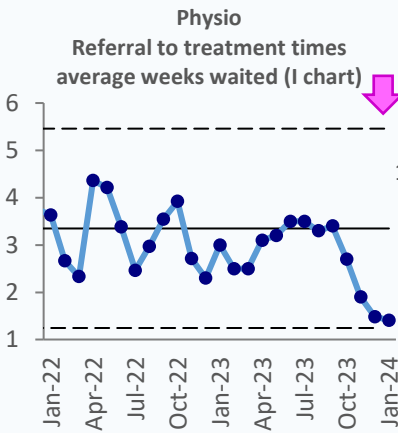
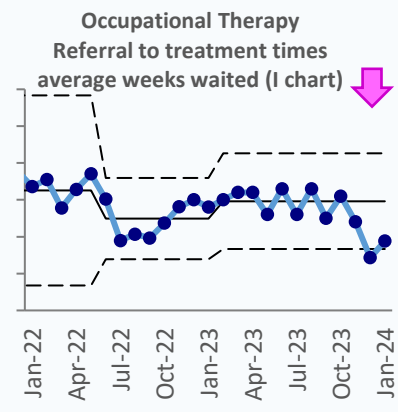
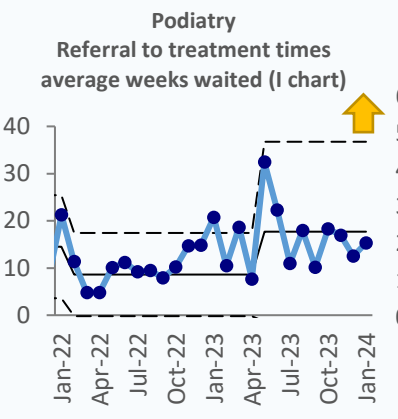
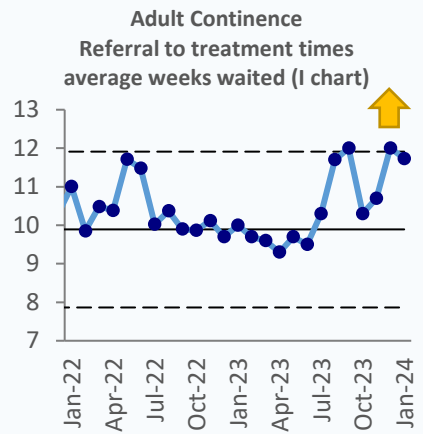
Appendix 1: System Performance dashboard

Special cause variation (↑ ↓) and when it's of potential concern (↑ ↓)

People with stable long term conditions (East London)



People with stable long term conditions (Bedfordshire)



Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

NHS England and NHS Improvement have published a revised approach to NHS System Oversight (SOF) in July 2022 to align with the vision set out for Integrated Care Systems. The table below provides a summary of the new indicators relevant to the Trust and current status. Some of the measures remain undefined so will be clarified over time. There are currently no areas of concern to bring to the Board’s attention.

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Urgent and Emergency Care		Proportion of service users spending more than 12 hours in an emergency department	Provider		The January position for East London is 122 breaches and 9 in Bedfordshire & Luton
	Primary Care and Community Services	S107a	Proportion of Urgent Community Response referrals reached within two hours	Provider	70%	Community Health Services are exceeding the target across Trust at 86%.
	Primary Care and Community Services	S105a	Proportion of service users discharged from hospital to their usual place of residence	ICB/Provider		In the last 12 months to November 2023, 47% of discharges with a recorded discharge destination show discharge to usual place of residence. 58% of discharges in this period have a discharge destination of not known/not recorded or not applicable.
	Primary Care and Community Services	S106a	Available virtual ward capacity per 100k head of population	ICB/Provider	40 per 100,000	In Newham, the frailty virtual ward went live on 26th July with the early supported discharge pathway. Occupancy rate has remained at 30% however are currently working to increase capacity through a Communications campaign. The Heart Failly virtual ward pathway is to go live before the end of February and there is no confirmed date for the respiratory virtual ward due to ongoing recruitment challenges. In Tower Hamlets, all wards are now live and operational. Plans are underway to develop a virtual ward dashboard to support data entry. In Bedfordshire, the progress with virtual ward beds within BLMK is being led regionally.
	Mental health services	S084a:	Children and young people (ages 0-17) mental health services access (number with 1+ contact)	ICB		In BLMK 79% of children and young people have had 1+ contact and in NEL 78% have had 1+ contact with children and young people mental health services
	Mental health services	S085a	Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions	ICB		The current position reported by ICB for October 23 is 102.2%. This indicator is based on primary care records which ELFT doesn’t have access to and is the most recent position reported at the national level
	Mental health services	S081a	Access rate for IAPT services	ICB	100%	The ELFT access rate for November is 97% in BLMK and 72% in NEL. <i>Further narrative around IAPT access rates can be found in the access and responsiveness section of the report.</i>
	Mental health services	S110a	Access rates to community mental health services for adult and older adults with severe mental illness	ICB		The current position reported by ICB for November 2023 is 93% in BLMK and 114% in NEL.
	Mental health services	S086a	Inappropriate adult acute mental health placement out-of-area placement bed days	Provider		In October 2023, there were a total of 1340 out-of-area placement bed days.
	Learning disabilities and autism	S030a	Proportion of people aged 14 and over with a learning disability on the GP register receiving an annual health check	ICB	100%	As of Quarter 2 (July 2023 – September 2023), 74.5% of people with a learning disability aged 14 and older received an annual health check, with Bedfordshire & Luton at 78% and East London at 71%. The national target at the end of Q4 is 75%. <i>(This is the most recent position reported at the national level)</i>

Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
Quality of care, access and outcomes	Learning disabilities and autism	S029a	Service users with a learning disability and/or autism per million head of population	ICB	30 per 1,000,000	The current position reported by ICB for Q3 is 41 per 1,000,000 in BLMK and 33 per 1,000,000 in NEL
	Safe, high quality care	S039a	National service user Safety Alerts not completed by deadline	Provider	0	100%. In September there were 0 national patient safety alerts published
	Safe, high quality care	S038a	Consistency of reporting service user safety incidents	Provider	100%	The current position is 100% in November and December 2023.
	Safe, high quality care	S035a	Overall CQC rating	Provider		The current CQC rating is Outstanding
	Safe, high quality care	S037a	Percentage of service users describing their overall experience of making a GP appointment as good	ICB		In BLMK, 45.9% of respondents responded positively to their GP appointment and in NEL, this was at 50.5%.
	Safe, high quality care	S121a	NHS Staff Survey compassionate culture people promise element sub-score	Provider		The BLMK ICB position for 2023 is 7.06/10, and for NEL this is at 7.04/10 <i>(This is the most recent position reported at the national level)</i>
	Safe, high quality care	S040a	Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	0	Current position is 0 cases.
	Safe, high quality care	S041a	Clostridium difficile infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S042a	E. coli bloodstream infection rate	Provider	100%	Current position is 0 cases.
	Safe, high quality care	S044b	Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care	Provider	Antibacterial items per STAR/PU - 87% % of Broad Spectrum - 10%	In October 2023, Antibacterial items per STAR/PU is 107.6% in BLMK and 85.1% in NEL, and as a % of Broad Spectrum is 7.96% in BLMK and 8.45% in NEL.
Preventing ill Health	Reducing inequalities		Performance against relevant metrics for the target population cohort and five key clinical areas of health inequalities	ICB/Provider		Data not available
	Prevention and long term conditions	S115a	Proportion of diabetes service users that have received all eight diabetes care processes	ICB		The 2022-23 Q4 position reported by NHS SOF Dashboard is NEL at 51.9% and BLMK at 46.8%. <i>(This is the most recent position reported at the national level)</i>
	Prevention and long term conditions	S051a	Number of people supported through the NHS diabetes prevention programme as a proportion of service users profiled	ICB		The 2023 Q2 position reported by NHS SOF Dashboard is 55.2%. <i>(This is the most recent position reported at the national level)</i>

Appendix 2: Regulatory Compliance – System Oversight Framework (SOF)

Oversight Theme	NHS Long Term Plan Area	Indicator code	Measure Name (metric)	Oversight Level	Target	Current performance and progress
	Screening, vaccination and immunisation	S047a	Proportion of people over 65 receiving a seasonal flu vaccination	ICB/Provider	85%	The current position reported by NEL ICB for May 2023 is 67% and in BLMK ICB is 79.2% <i>(This is the most recent position reported at the national level)</i>
Leadership & Capability	Leadership	S060a	Aggregate score for NHS staff survey questions that measure perception of leadership culture	ICB/Provider		According to the Annual calendar year, Trust at 7.45/10 <i>(This is the most recent position reported at the national level)</i>
	Leadership	S059a	CQC well-led rating	Provider	Outstanding	Rated 4 - Outstanding

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Appointments & Remuneration Committee (RemCo) 24 January 2024 – Committee Chair’s Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (Bedfordshire & Luton) and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the Appointments & Remuneration Committee (RemCo) meeting held 30 November 2023.

Key messages

CEO Performance Review and Objectives

- A satisfactory performance review for Paul Calaminus as CEO until August 2023 was received
- The Interim CEO’s objectives are being developed and will be presented at a future meeting.

Executive Directors Performance Review and Objectives

- The satisfactory performance of those Executive Directors who were either in a substantive or interim post during 2022-2023 together with their objectives for 2023-2024 were received and noted
- The committee requested that consideration be given to including specific measures in future reviews, in particular around the individual and collective contribution to the delivery of the Trust’s strategy the inclusion of transformational objectives and system working and influencing.

Succession Planning

- There have been a number of changes to the Executive team during 2022-2023 including the appointment of Dr David Bridle as substantive Chief Medical Officer, Kevin Curnow as the substantive Chief Finance Officer, Edwin Ndlovu as Interim Deputy CEO and Claire McKenna as Interim Chief Nurse
- An update on CEO succession planning was shared and discussed. The report included the equalities profile of the Executive team and was based on the 9 box grid methodology which identified those who would be ready to progress to a CEO role as well as development opportunities, whilst acknowledging that some Executives may have other aspirations such as undertaking a national role or a role within the wider system.

Executive Directors Update

- In line with government requirements, ministerial support had been received in respect of the pay proposal for the Executive Director of Integrated Care and Deputy CEO.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	People & Culture (P&CC) 7 March 2024 – Committee Chair’s Assurance Report
Committee Chair	Aamir Ahmad, Vice-Chair (London), and chair of the meeting held on 7 March 2024
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board’s attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held 7 March 2024.

Key messages

Raising Concerns/Freedom to Speak Up (FTSU)

- The update on the progress of action plan to strengthen areas of the FTSU process included directorate-specific reporting and the establishment of regular meetings with people business partners to identify and discuss any emerging themes
- The committee expressed concern over the low level of responses that provided the basis for the internal audit report, highlighting that this amount of data is not significant enough to provide assurance that staff feel comfortable to raise safety issues and concerns. A further update will be presented at a future meeting
- Some assurance was provided by the internal audit report outcomes highlighting improvements needed on system issues and that wider cultural work around speaking up is being triangulated across broader metrics.

Statutory and Mandatory Training

- The committee welcomed the progress being made towards a Trust-wide compliance target of 90% by April 2024 and that the four wards visited by CQC where a ‘must do’ action was issued in respect of stat/man training are now consistently above the compliance target with action plans in place to maintain focus on high-risk training areas in all wards
- As part of the development and implementation of ELFT’s learning academy (ELA), work was previously undertaken around targeted remapping of courses with subject matter experts and ensuring individual training needs analyses are accurate and up to date
- The learning and development team continue to focus on reducing the number of did not attend (DNAs) at training courses, working with directorate leads to understand the management action and service pressures which prevent staff from attending
- The committee requested further work to identify the granular actions and trajectories for improvement in order to provide the necessary assurance around sustaining the 90% training compliance rate in all areas of the Trust.

Implementation of Supervision

- A phased launch of the supervision system will commence from April 2024, with a series of tools built into the Trust’s learning academy (ELA) to support managers through the process
- More opportunities for career conversations outside of the usual appraisal process are also being introduced, including with professional leads in different areas of potential interest
- Work continues on the development of a supervision process for medical staff; assurance received that a robust system remains in place currently
- The committee welcomed the embedding of Trialog methodology into the supervision process which will enhance the wellbeing of staff, beyond their ability to meet professional standards, as well as ensuring their opinions and priorities are heard.

2023 Staff Survey and Pulse Survey Updates

- The January 2024 Pulse survey saw a low response rate which is likely to be due to the timing of the survey (survey fatigue), which follows closely behind the focus on the annual staff survey
- The response rate for the 2023 staff survey was 42%, a welcome increase of 9% on 2022 which could be partially attributed to the high-profile communications campaign
- Overall, the results indicate a positive improvement in the direction of travel for the Trust particularly in the context of the cumulative toll on staff from continuing service and economic pressures; there was an acknowledgment of the amount of work that is still required given the relatively low levels of positivity in some areas and also bearing in mind that all Trusts will be experiencing similar issues
- The committee highlighted the importance of continuing to use this data alongside other streams of intelligence to understand the current health of the organisation, particularly as the survey took place in October/November last year.

Board Assurance Framework: Staff Experience/People Risk

- Risk 5 *If issues affecting staff experience including the recruitment and retention of people with the right skills are not effectively planned for and addressed, this will adversely impact on staff motivation, engagement, retention and satisfaction*
- There continues to be positive movement in some people metrics and a suite of actions in place to address workforce challenges, with improved use of data to better understand where these are making a difference to the Trust both financially and qualitatively
- ELFT has also been accepted onto the NHSE Retention Exemplar programme, receiving 12 months funding to recruit a people promise manager
- In light of the consistently positive movement in a number of people metrics, the proposal was to reduce the risk score from 20 to 16 Significant was supported.

Previous Minutes: The approved minutes of the previous People & Culture Committee meetings are available on request by Board Directors from the Director of Corporate Governance.

**REPORT TO THE TRUST BOARD IN PUBLIC
28 MARCH 2024**

Title	ELFT People Plan Progress Report
Authors	Deputy and Associate Directors of People and Culture: Barbara Britner, Shefa Begom, Steve Palmer and Lisa Baker.
Accountable Executive Director	Tanya Carter, Chief People Officer

Purpose of the report

The purpose of the report is to update the Trust Board on the progress against the ELFT People Plan and provide the Board with assurance in areas of concerns, mitigating actions and progress across some people metrics.

That Board are asked to **CONSIDER** the assurance that is provided and to advise any other assurance that is required.

Committees/meetings where this item has been considered.

Date	This paper has not previously been discussed.
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Key messages

What are we concerned about?

The current context internally and externally remains challenging, and this is also being compounded by high staff sickness absence rates, which are currently above 5%. The Trust are concerned about the impact of ongoing pressures within services caused by industrial action and other operational challenges.

In addition, the impact of global conflicts is manifesting themselves within society generally, and within our workforce. Employee relations activity remains complex and voluminous. We have commissioned training and support for line managers in the form of investigating manager and commissioning manager training, mock employment tribunals and joint training with trade unions to upskill line managers and to improve our approach therefore improving the experience of our staff.

Where are we making progress?

The Trust 2023 National Staff Survey results were published on 7 March 2024. The results are positive, with the exception of the low response rate:

- We received a response rate of 12% (consistent with the response rate of the previous quarter) but unfortunately still lower than that of the Picker average response rate of 20%.
 - In total, we received 971 completed surveys.
 - Corporate & Primary Care yielded our highest response rates of 24% each.
 - Our bank response rate was the lowest at 4%.
- Of the 9 core questions, 7 are above 65.0% (down 1 from last quarter).
- The scores for the two staff friends & family questions were:
 - I would recommend my organisation as a place to work – 68% (up from last quarter’s 66.6%).

- If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation – 65.6% (down from last quarter's 66.2%).
- Our staff engagement score is 7.04 (down from last quarter's 7.13) and higher than that of the Picker average engagement score of 6.74.

The Trust turnover rate has reduced from 19% in the last report to 17.50%, which is still above the Trust target of 16%. However, it has been on a downward trajectory since April 2023. We have also seen the growth in the Trust headcount, substantive, bank, agency and honorary contracts. We are working with both North East London and Bedford Luton and Milton Keynes (BLMK) Integrated Care Systems to produce data and narrative on the organisational growth to monitor progress in reducing spend across the system.

The overall Trust wide vacancy percentage has been reduced to 8.4% with overall whole-time equivalent (WTE) vacancies reduced from 731.75 to 654.72 WTE. Bedfordshire Directorate's vacancy rate remains high with 151.03 WTE vacancies and a vacancy percentage of 16.1%, followed closely by Newham CHS at 16.8% at 83.64 WTE and with the highest vacancy percentage in Tower Hamlets CHS at 24.9% and total vacancies at 72.45 WTE.

With the International Recruitment workstream's establishment, we can fill some of our core gaps by enabling this workstream. The latest data on Internationally recruited staff via several approaches in all staffing groups is showing progress.

The Temporary Staffing project for transforming bank and agency management is now established. Work is moving at a pace which will enable us to provide a more robust reporting on the usage and spend on temporary staffing thus allowing us to provide effective management of agencies and agency staff Trust wide. The Staff Direct 24/7 Direct Engagement system is fully implemented for Medics and Allied Health Professionals agency workers.

Statutory and mandatory training compliance continues an upward trajectory, we are now reporting at 87.42% against a Trust target of 90%. Following the CQC visit in January 2023 to 4 inpatient wards there has been an ongoing focus on supporting these wards to ensure that their statutory and mandatory training compliance was in line with the Trust target of 90% and following 12 months of activity all 4 wards are now reporting as being above this target. A detailed report was taken to the People & Culture Committee in March 2024.

Strategic priorities this paper supports.

Improved population health outcomes	<input checked="" type="checkbox"/>	We have taken a population health approach to our staff wellbeing as many members of staff live and/or work within the boroughs that we provide services in.
Improved experience of care	<input checked="" type="checkbox"/>	Research shows that if staff are engaged, then they will be able to provide better care to patients and service users.
Improved staff experience	<input checked="" type="checkbox"/>	The approach to improvement sets out in this paper are designed to directly improve staff experience.
Improved value	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff are healthier and more productive at work and, therefore, contribute to value for money.

Implications

Equality Analysis	The Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/ Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

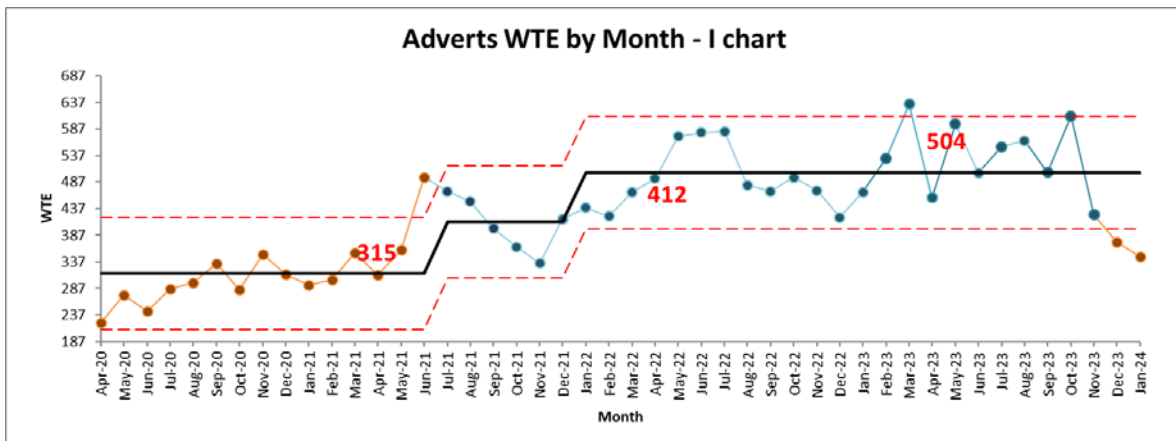
1.0 Introduction

- 1.1 This paper provides assurance in terms of ongoing work across the Trust to support our people. The current context internally and externally remains challenging, and this is also being compounded by high staff sickness absence rates, which are currently above 5%. The Trust are concerned about the impact of ongoing pressures within services caused by industrial action and other operational challenges.
- 1.2 In addition, the impact of global conflicts is manifesting themselves within society generally, and within our workforce. Employee relations activity remains complex and voluminous. We have commissioned training and support for line managers in the form of investigating manager and commissioning manager training, mock employment tribunals and joint training with trade unions to upskill line managers and to improve our approach and the experience of staff.

2.0 New Ways of Working - Recruitment activity

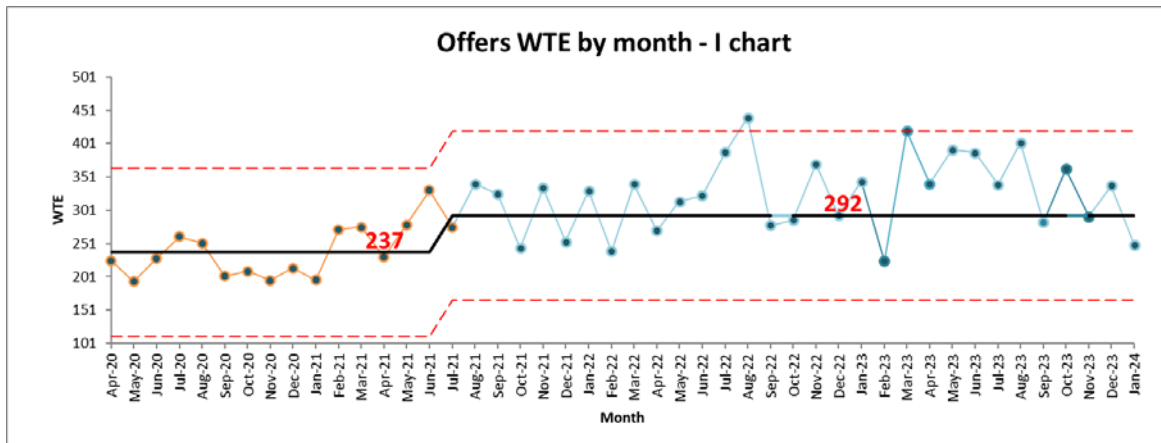
- 2.1 The overall Trust wide vacancy percentage has reduced and is at 8.4% with overall whole time equivalent (WTE) vacancies reduced from 731.75 to 654.72 WTE. Bedfordshire Directorate remains an area of focus with 151.03 WTE vacancies and a vacancy percentage of 16.1%, followed closely by Newham CHS at 16.8% at 83.64 WTE and with highest vacancy percentage in Tower Hamlets CHS at 24.9% and total vacancies at 72.45 WTE.
- 2.2 The recruitment activity remains increased but is being sustained by improved ways of working and improved monitoring of the pipeline of recruitment activity. From the latest monthly figures, a total of 346.5 WTE adverts were placed, 250.31 WTE offers were made to internal and external candidates and we have a total of 306.41 WTE new starters. This pipeline includes replacement of leavers, new roles, international recruitment and targeted recruitment campaigns for substantive, fixed term, and bank recruitment. It does not include new starters joining on an honorary basis.

Adverts by Whole Time Equivalent (WTE)



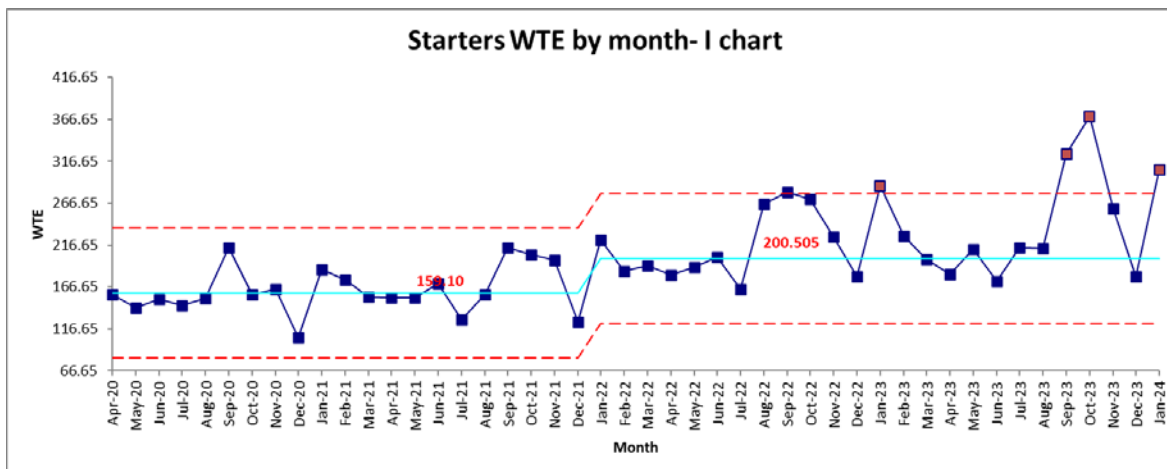
Reduction in the number of adverts due to now streamlined advertising activity such as combined advertising and recruitment campaigns at 346.50 WTE, this trend to continue.

Offers by Whole Time Equivalent (WTE)



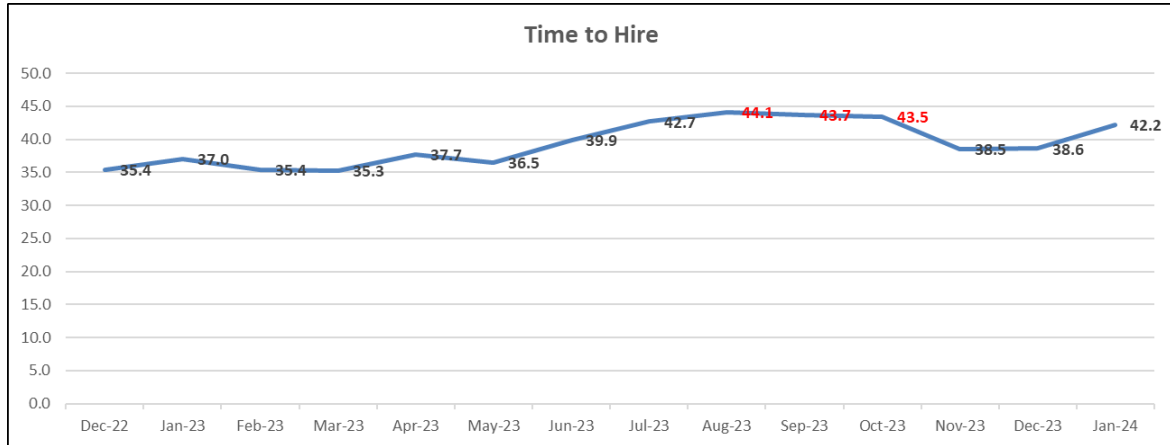
Standard variation in offers at 248.63 WTE and an additional 135 WTE offers made to Honorary Student Placements, latter not included in chart.

Starters by Whole Time Equivalent (WTE)



Increase in starters at the beginning of Q4, this trend follows from previous year at 306.41 WTE. The Trust's time to hire (TTH) target is 43 days from the point of advert to pre-employment checks being completed. The latest TTH is within the target at 42.2 working days.

Time to hire.



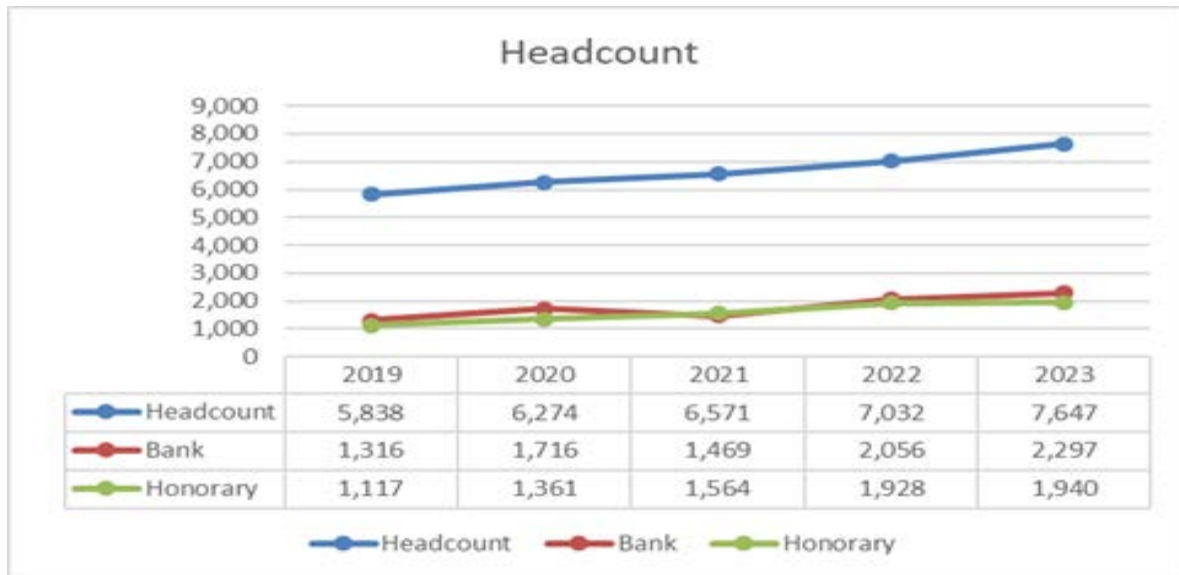
Starters, Leavers and Turnover

The Trust turnover rate has reduced from 19% in the last report to 17.50%, which is still above the Trust target of 16%. However, it has been on a downward trajectory since April 2023. We have also seen the growth in the Trust headcount, substantive, bank, agency and honorary contracts.



3.0 Headcount and Trust Establishment

Headcount graph shows that the Trust headcount has grown steadily each year. There has been a significant increase in substantive staffing number and 1,809 whole time equivalent increase since April 2019.



As part of the NEL ICB work on productivity, North East London Chief People Officers have agreed a trust level standard set of monthly data and reports to track and monitor progress in terms of explaining organisational growth and providing a regular narrative to explain the growth in addition to progress updates in order to reduce the costs. The data for NEL and BLMK has not been disaggregated.

Internally data is being reviewed and narratives created at a directorate level which has been developed with service directors, finance business partners and people business partners. This will form part of the regular reporting to service delivery board and any other relevant Trust committee(s).

There is an overall increase in establishment across the Trust due to TUPE transfer in of 4 GP surgeries in Bedfordshire, development of tier 4 CAMHS inpatient ward, new investments, and covid funded services.

Agency usage to cover difficult to recruit clinical posts i.e. medical, nursing, salaried GPs, community psychologist, pharmacists, and AHPs. Services have actively engaged in international recruitment and recruitment fairs to reduce vacancy rates. The Trust has successfully recruited Salaried GPs and medical staff through international recruitment therefore the agency costs for medical staff is expected to reduce over the coming months.

There has been high bank usage in inpatient wards due to high bed occupancy, greater acuity of service users, cover for sickness absence, cover for adjusted duties, and inpatient skill mix.

High levels of agency and bank usage in Bedfordshire and Luton due to a significant number of vacancies. Work is being done to encourage agency workers to join ELFT and in some areas this has had a positive impact.

Overleaf is the dashboard agreed within North East London, which is reported on monthly. Internally, more detailed work is being done by directorates and is scheduled to be presented to the Service Delivery Board (SDB) in April 2024.

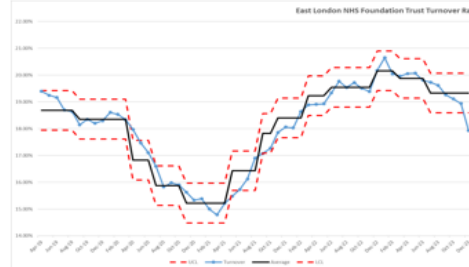
New ways of working and delivering care

Trust Metrics Overview

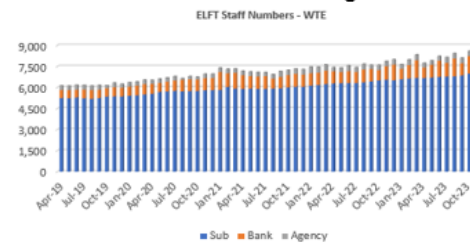
Sickness Absence Rate %



Turnover Rate %



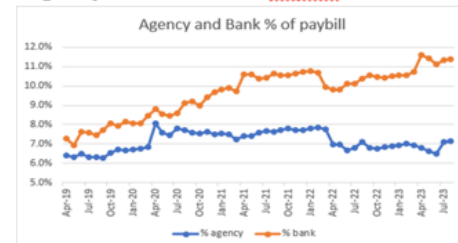
Substantive and Total Staffing WTE



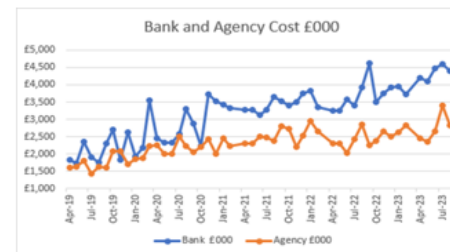
Substantive Pay & Total Pay Cost £000



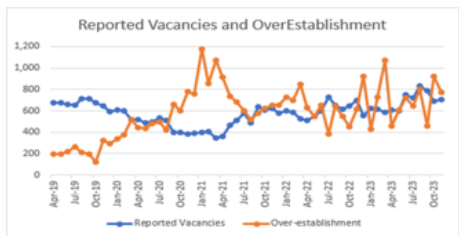
Agency and Bank % of paybill



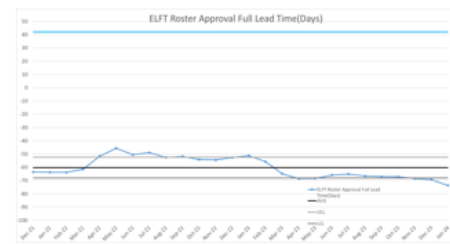
Bank And Agency Cost £000



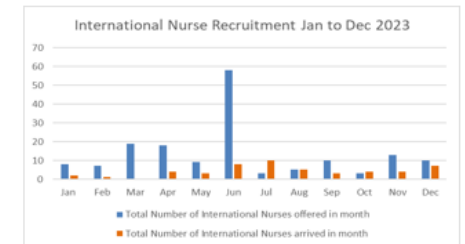
Reported Vacancies and Over Establishment International Recruitment Nursing WTE 2023



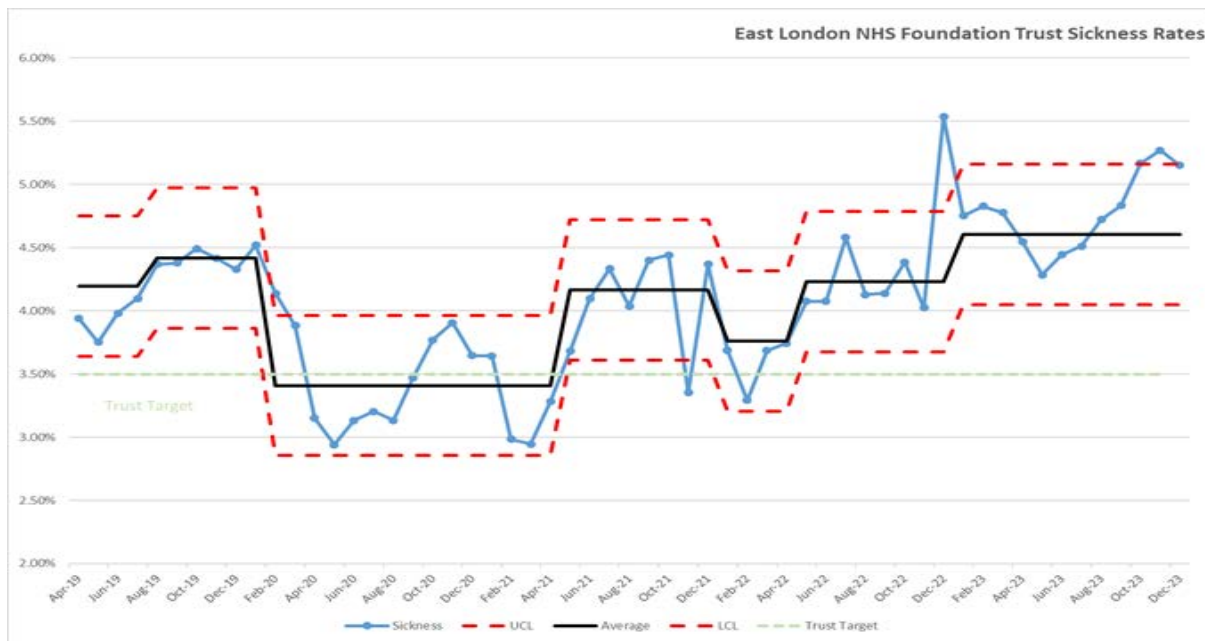
Roster Approval



International Recruitment Nursing WTE 2023



Trust sickness rates



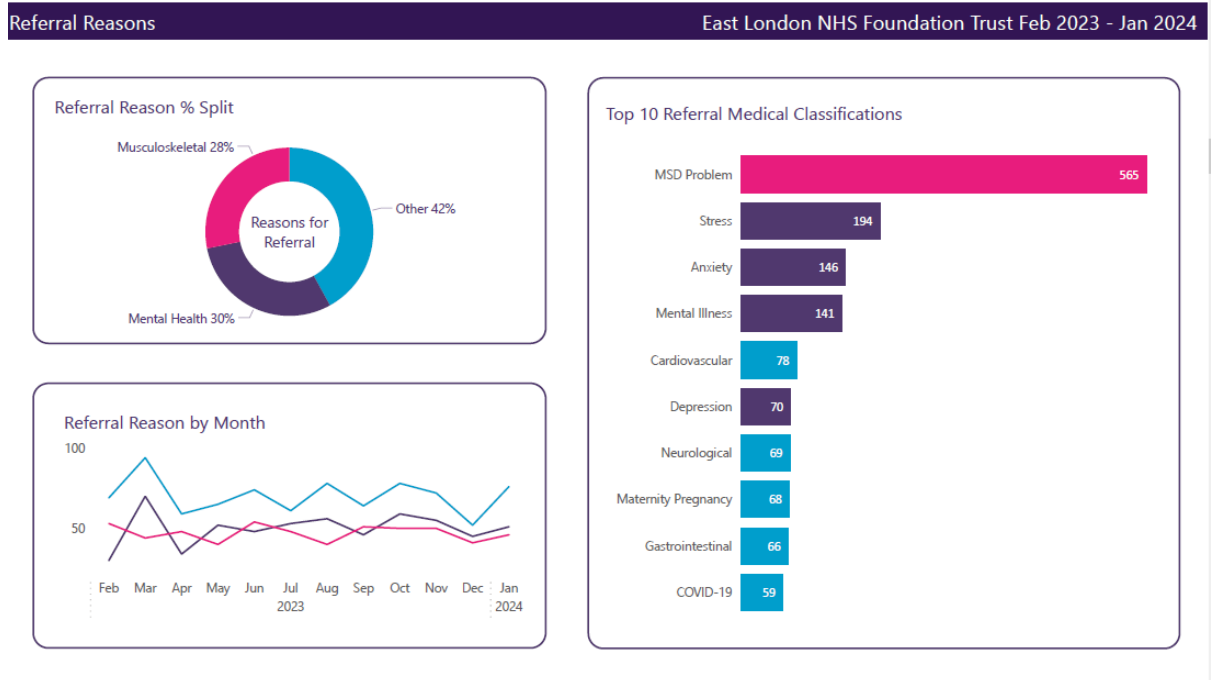
The current sickness absence figure is over 5%, against a target of 3.50%. The top three reasons for sickness absence are:

- Anxiety, stress and depression.
- Cough, cold and flu.
- Other musculoskeletal.

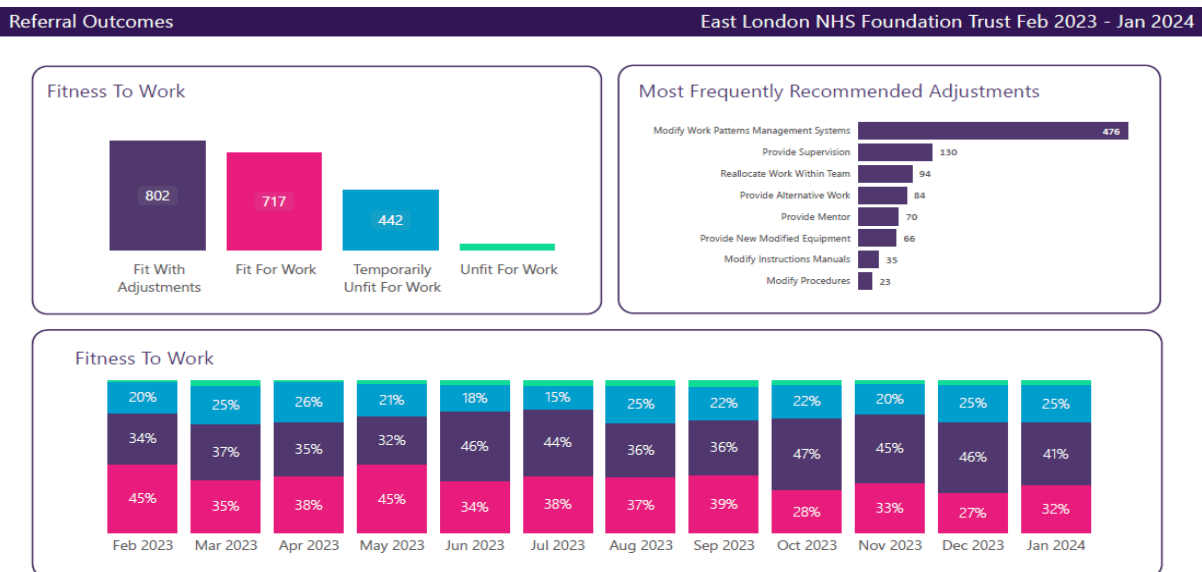
There is a significant amount of work ongoing to support managers and staff to reduce the sickness absence. Trust wide there are 203 long-term sickness cases and 608 short-term sickness. The referral reasons are congruent with the top three reasons for sickness absence. In order to support staff to access reasonable adjustments, a project manager role been created to work Trust wide and support the People Relations team, managers and staff in accessing their reasonable adjustments.

Managers are being supported in the form of training, and the Trust are exploring a partnership with an external provider to help to expedite reasonable adjustments for staff. This is in recognition that 5 of the Trust's 10 Employment Tribunal cases since April 2023, have been for discrimination on the grounds of disability and pregnancy. More detail is laid out in the people relations section of the paper. Graphs 8 & 9 illustrate the reasons for occupational health referrals and a summary of referral outcomes.

Referral Reasons



Referral Outcomes



4.0 Temporary Staffing

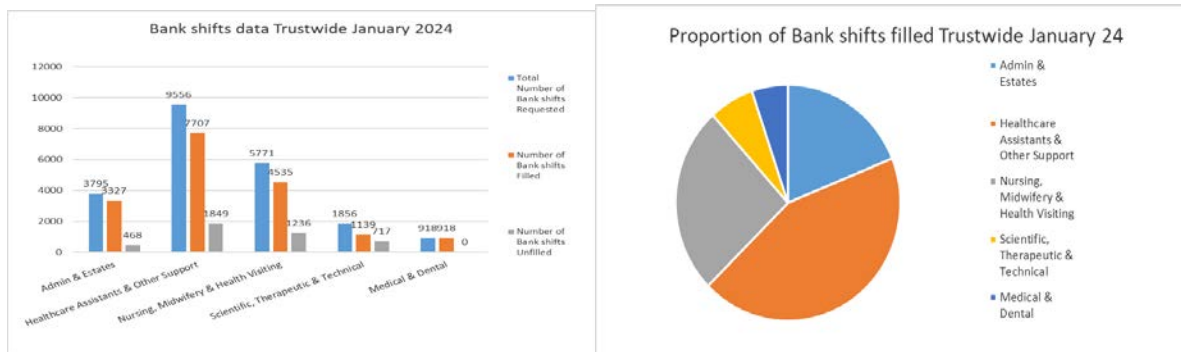
The temporary staffing group, has reviewed the current bank rates, scoping the options of a collaborative bank with system partners. The ELFT and NELFT executive teams have agreed a joint post working between to the two trusts to manage temporary staffing, and its transformation across the two Trust's developing into a fully centralised temporary staffing function, continuing the work to reduce agency spend and setting out the project governance and tracking plans.

Programme update February 2024:

- A new system brought in house to manage direct engagement (DE) agency worker bookings for doctors, allied health professionals and Admin staffing groups.
- All existing direct engagement agency workers and shift bookings for Medics and AHPs transferred over as part of transition resulting in gross savings of £183,000 since October 2023.
- Phase 1. Implementation is now complete. Phase 2 to include roll over of Admin agency shifts onto the Allocate Staff Direct system to enable further DE savings which is in progress. A number of admin staff are now on the Staff Direct portal, but work is ongoing to identify and onboard all existing admin workers who continue to undertake agency shifts and any other new workers joining will be added to this system to maximise Direct Engagement savings.
- Phase 3 work is ongoing to add all Trust wide Nursing Agency bookings via the central temporary staffing team on Healthroster which will ensure greater compliance of agency workers, adherence to NHSE requirements such as DE and Framework regulations and provide greater visibility of agency usage and spend across the organisation. We are targeting for this work to be completed by the end of March 2024. 56 additional profiles of agency Nurses and Health Care Support Workers (HCS) are created which is a leap towards identifying and controlling agency use in this category.

5.0 Bank Usage Report

The data shows we continue to have a healthy weekly bank fill percentage across all staffing groups where bank shifts are requested. During January 2024 4156 bank shifts were requested and 3902 shifts were filled across all staffing groups, with an overall bank fill percentage of 93.89%.

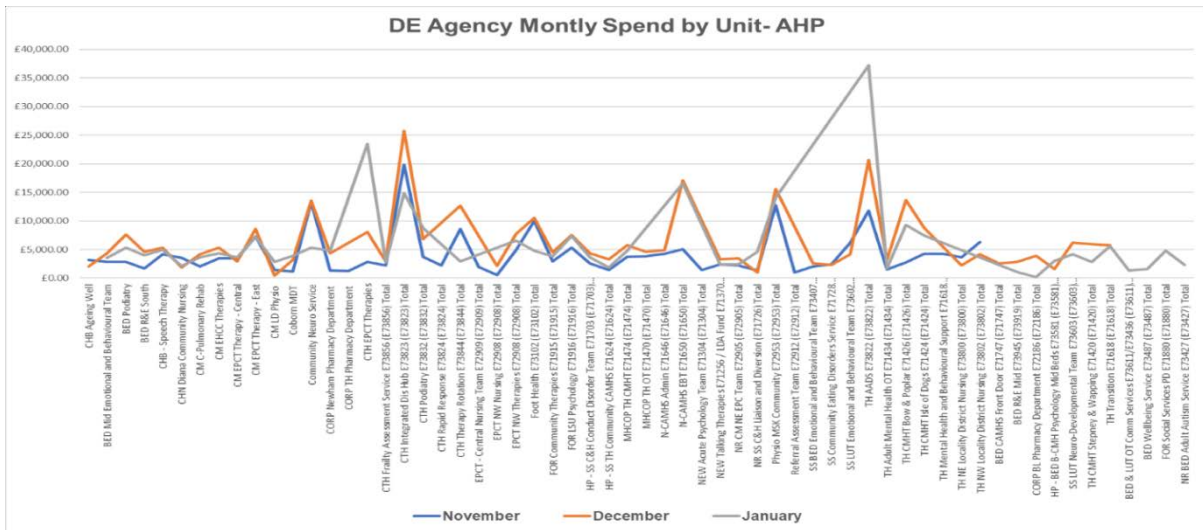
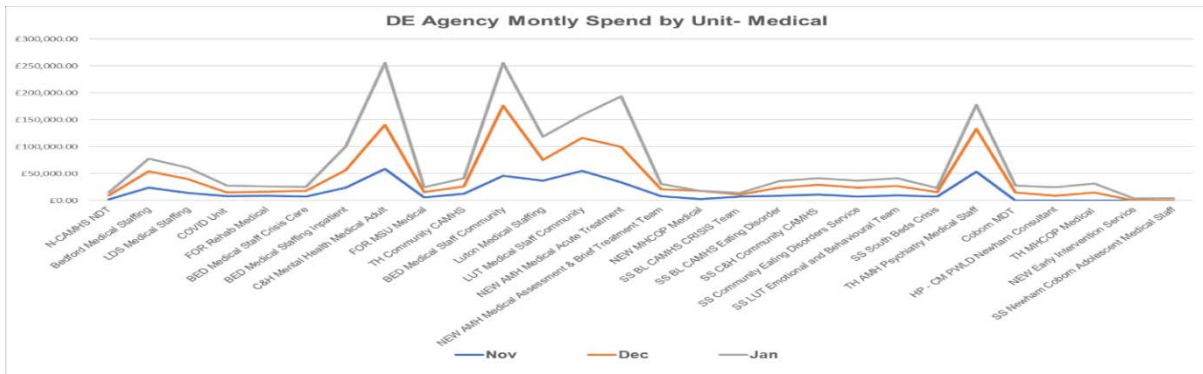


6.0 Agency Usage report

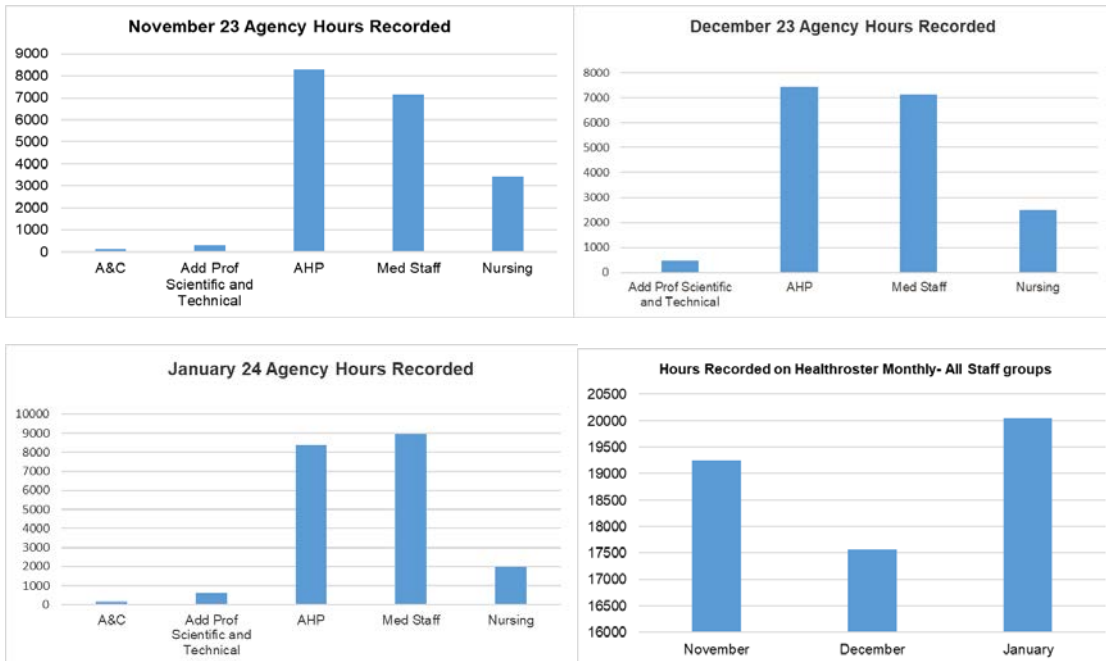
With the implementation of Staff Direct and work taking place at pace to record Trust wide agency usage and shifts helping to allow management of agency workers, we are now able to report on all Direct Engagement (DE) Agency workers and the units that are utilising Agencies to fill gaps via agency workers.

This progression enables us to engage effectively with agencies and ensure compliance of agency workers used in the organisation. DE Medical and allied Health Professionals (AHP) agency workforce procured via our Master Vendor and other DE staff are now reportable including the breakdown of cost listing the areas this is being used, thus allowing transparency. Additional reports on recorded agency usage below provides a breakdown in the categories listed.

Graphs listing Direct Engagement Agency usage.



Graphs listing monthly Agency Usage by Staffing group

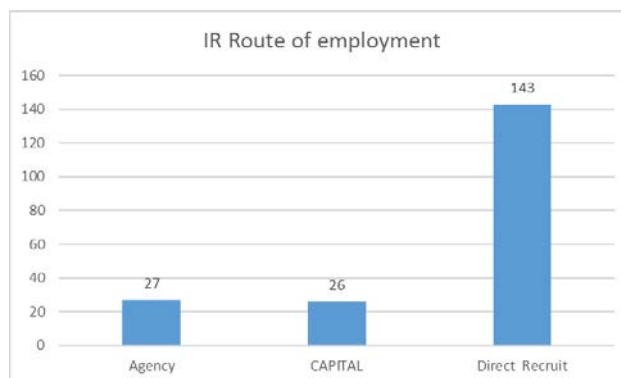
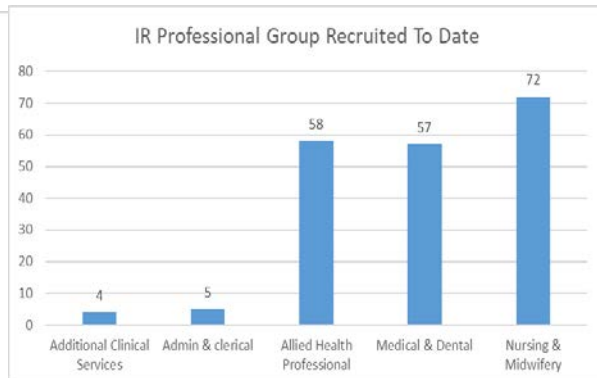
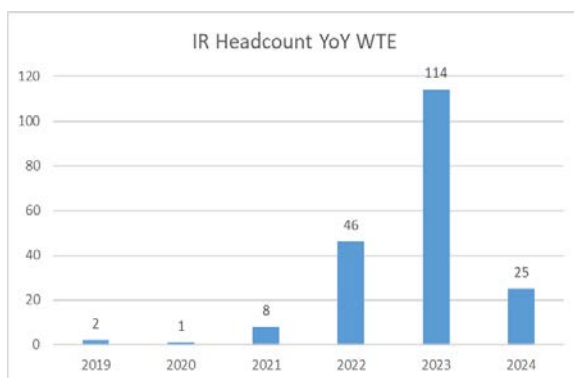
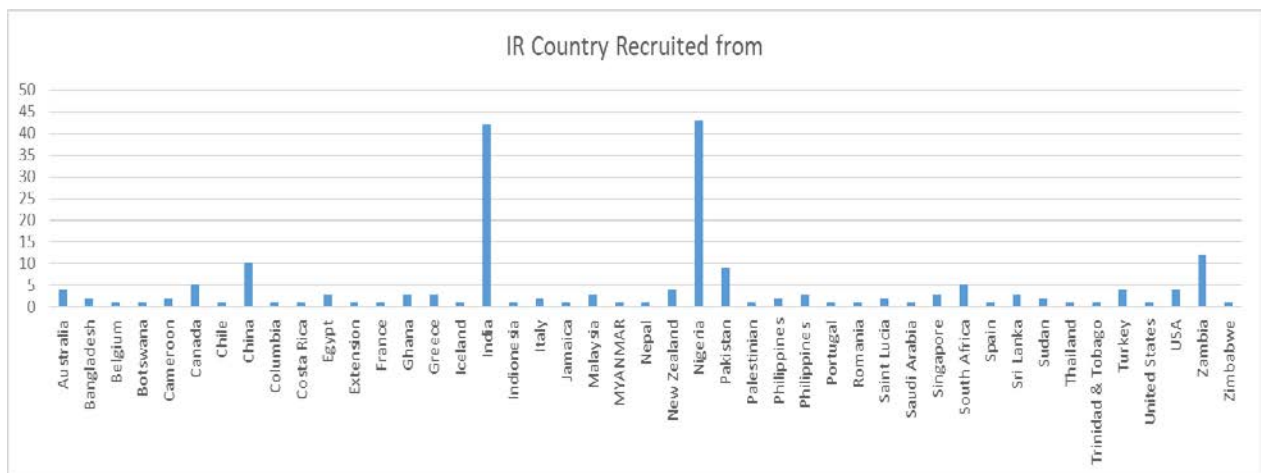


As part of the multiple phases of the project of recording of agency shifts on Health Roster, the Trust may initially see a month on month increase in the total hours being recorded that are worked by various staffing groups, however we do not envisage that for Medical (excluding GPs) and AHP agency workers as that work is complete.

Once the full implementation for Nursing and Admin is in place, alongside the already implemented Medics and AHP's, that will allow us to have a better oversight of agency workers and ensure the agency is fully compliant plus presenting the opportunity for reducing spend and effective management of the agency workforce.

7.0 International Recruitment

With the establishment of international recruitment workstream the Trust will have the capacity to fill some of our core gaps by enabling this workstream. The latest data on Internationally recruited staff via a number of approaches in staffing groups is listed as follows. Please note headcount for 2023 updated in figures below.



8.0 Industrial Action Update

8.1 Junior Doctors took part in the longest Industrial Action in the history of the NHS from 7am on 3 January to 7am on 9 January. This followed a three-day strike from

8.2 7am on Wednesday 20 December 2023 to 7am on Saturday 23 December 2023. A summary of headcount for each strike period is below.

Headcount:

Junior Doctors - December 2023					
20th Dec 2023		21st Dec 2023		22nd Dec 2023	
Total Staff	233	Total Staff	233	Total Staff	233
Industrial Action	116	Industrial Action	118	Industrial Action	106
Known Absences	48	Known Absences	64	Known Absences	77
At Work	69	At Work	51	At Work	50

Junior Doctors - Jan 24											
03/01/2024		04/01/2024		05/01/2024		06/01/2024		07/01/2024		08/01/2024	
Total Staff	235	Total Staff	235	Total Staff	235	Total Staff	235	Total Staff	235	Total Staff	235
Industrial Action	100	Industrial Action	96	Industrial Action	88	Industrial Action	32	Industrial Action	33	Industrial Action	101
Known Absences	77	Known Absences	83	Known Absences	95	Known Absences	184	Known Absences	183	Known Absences	82
At Work	58	At Work	56	At Work	52	At Work	19	At Work	19	At Work	52

8.3 Further junior doctors strike dates took place from 7am on Saturday 24 February 2024 to 11.59pm on Wednesday 28 February.

8.4 Strike drop-ins, as well as the Emergency Incident Management calls, have been reinstated by way of addressing any immediate concerns and clarify processes to support. Clinical Directors lead the local services planning to ensure all emergency shifts were covered.

8.5 The Junior doctor ballot for new strike action closes 20 March earliest future Industrial Action date would be 4th April 2024. This ballot includes 2 types of industrial action strike action and action short of a strike. For consultants, the new pay offer recommended by BMA has been put to a member's ballot which closes on 3 April.

8.6 Speciality and Specialist (SAS) Doctors have rejected offer no notification of industrial action position is more likely to strike with other groups (JDs).

8.7 Nurses nationally Royal College of Nursing (RCN) are expected to ballot members in May June when 2024-25 pay offer expected, due to differential in current JD settlement offers to what was accepted by RCN in 2023-24.

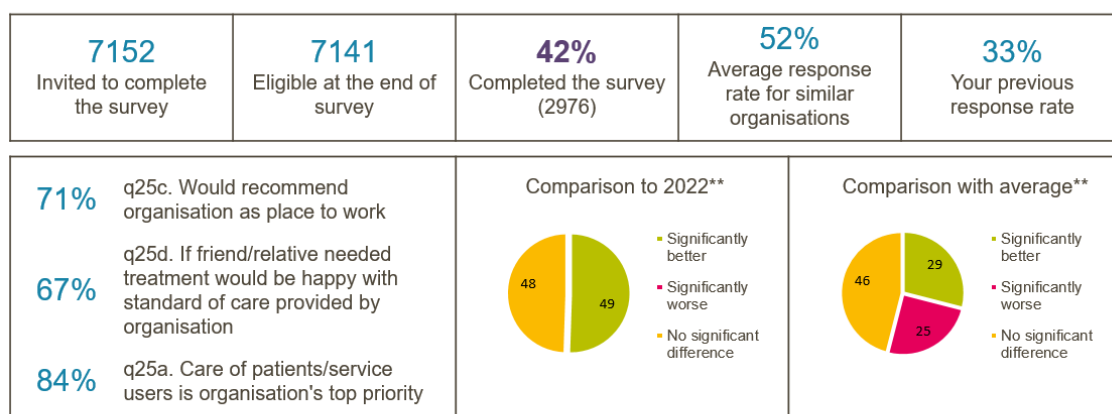
8.8 GPS The GP contract in 2024-25 uplift of 2% for salaries. GPs expected to seek mandate for action (Expected autumn 2024 at this stage).

9.0 Looking after our People: National Staff Survey

9.1 The National NHS Staff Survey 2023 took place during October and November 2023. As with previous years, we used the provider Picker to conduct the survey. We have recently received the results which are highlighted below.

This report summarises the findings from the core [NHS Staff Survey 2023*](#) carried out by Picker, on behalf of [East London NHS Foundation Trust](#). Picker was commissioned by [23 Mental Health and Mental Health Community Trusts](#) organisations to run their survey – this report presents your results in comparison to those organisations.

A total of 118 questions were asked in the 2023 survey, of these, 113 can be compared to 2022 and 100 can be positively scored. Your results include every question where your organisation received at least 10 responses (the minimum required).



*Bank worker survey results are presented via separate reports for those organisations who took part
**Chart shows the number of questions that are better, worse, or show no significant difference

p.4 | East London NHS Foundation Trust | NHS Staff Survey 2023



9.2 49 Questions are significantly better than in 2022. 48 questions were not significantly different. No questions were significantly worse. Using a summary table provided by Picker, the below are the 5 most and least improved questions when compared to only ELFT answers from 2022.

Most improved scores	Org 2023	Org 2022	Most declined scores	Org 2023	Org 2022
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	39%	32%	q7i. Feel a strong personal attachment to my team	67%	68%
q24e. Able to access the right learning and development opportunities when I need to	68%	60%	q2c. Time often/always passes quickly when I am working	74%	75%
q3i. Enough staff at organisation to do my job properly	37%	29%	q13d. Last experience of physical violence reported	88%	89%
q12f. Never/rarely feel every working hour is tiring	57%	50%	q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	73%
q8a. Teams within the organisation work well together to achieve objectives	60%	54%	q15. Organisation acts fairly: career progression	56%	57%

9.3 Again, using a summary table provided by Picker, the below are the 5 questions that came out better & worse when compared to other Trusts in our comparison group.

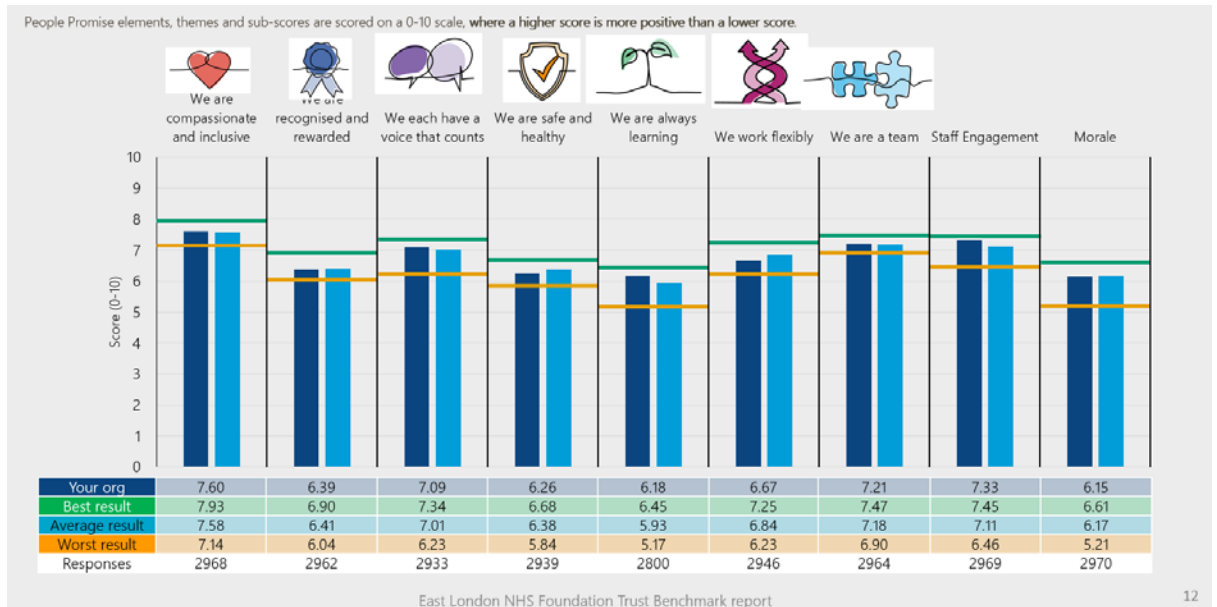
Top 5 scores vs Organisation Average	Org	Picker Avg	Bottom 5 scores vs Organisation Average	Org	Picker Avg
q25c. Would recommend organisation as place to work	71%	64%	q4c. Satisfied with level of pay	31%	35%
q25a. Care of patients/service users is organisation's top priority	84%	78%	q18. Not seen any errors/near misses/incidents that could have hurt staff/patients/service users	69%	73%
q8a. Teams within the organisation work well together to achieve objectives	60%	54%	q12b. Never/rarely feel burnt out because of work	31%	34%
q3f. Able to make improvements happen in my area of work	67%	61%	q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	71%	75%
q25b. Organisation acts on concerns raised by patients/service users	80%	74%	q22. I can eat nutritious and affordable food at work	54%	57%

9.4 Staying with the comparison against other Trusts, all 118 survey questions have been placed into 9 themes based on the NHS People Promise elements.

9.5 The NHS People Promise elements cover the following domains:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Morale

9.6 Across the 9 People Promise questions, for the most part, the Trust response is either similar to the national average or higher. In 2 elements however, the Trust is slightly below the average result 1) we are safe and healthy and 2) we work flexibly.



9.7 The National Quarterly Pulse Survey NQPS Q4 (23 – 24) ran for the month of January 2024.

- The Trust received a response rate of 12% (consistent with the response rate of the previous quarter) but unfortunately lower than that of the Picker average response rate of 20%.
- Corporate & Primary Care yielded our highest response rates of 24% each.
- Our bank response rate was the lowest at 4%.
- The Trust response, consisting of 971 completed surveys, yielded positive scores of 65% or higher on 7 of the 9 core questions (this was down 1 since the previous quarter).

9.8 The scores for the two staff friends & family questions were:

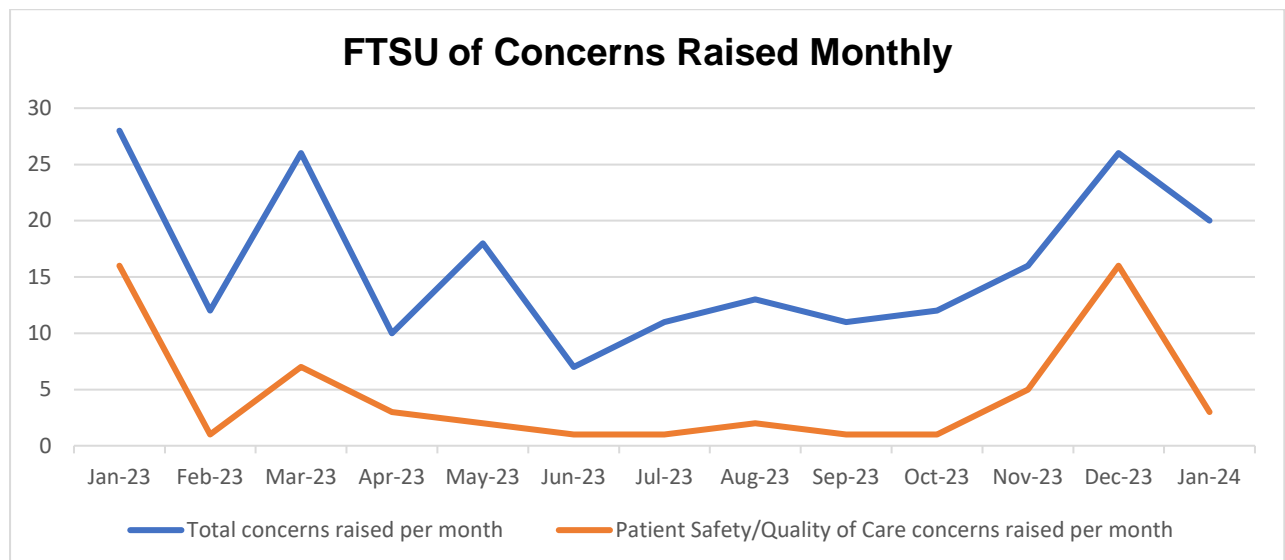
- 68% of staff would recommend the Trust as a place to work (up from last quarter's 66.6%).
- 65.6% of staff would be happy with the standard of care provided by the Trust if a friend or relative needed treatment (down from last quarter's 66.2%).

9.9 The Trust's NQPS staff engagement score is 7.04 (down from last quarter's 7.13) and higher than that of the Picker average engagement score of 6.74.

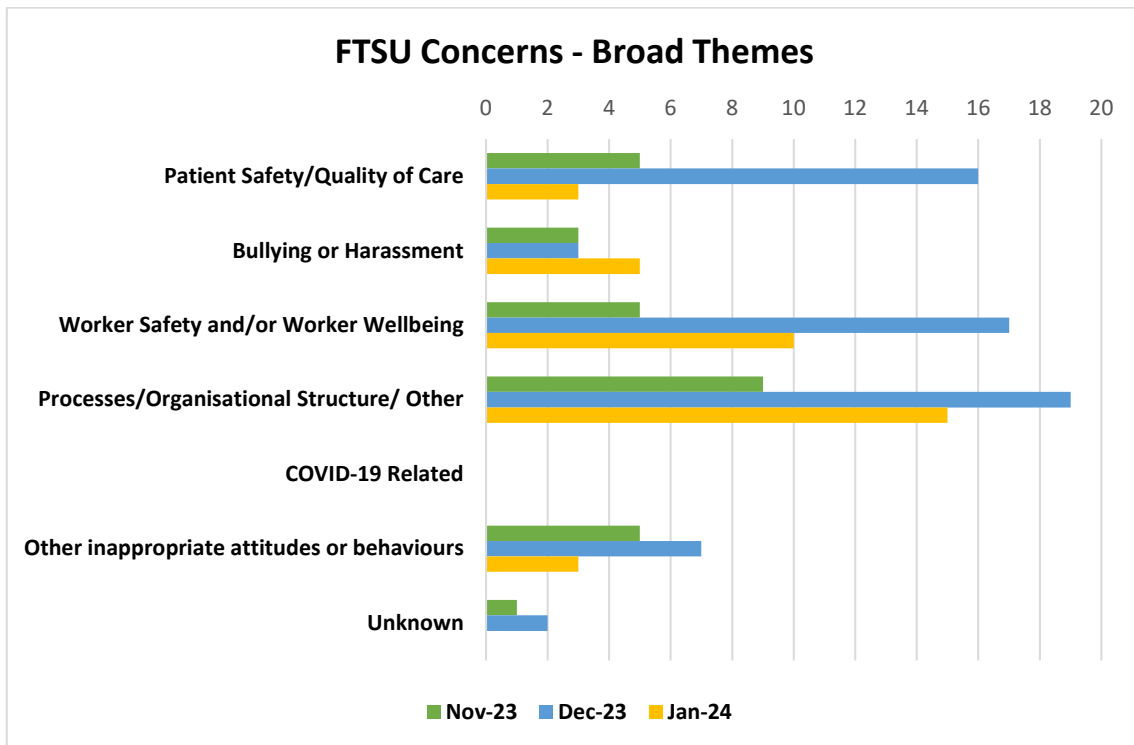
10.0 Freedom to Speak Up Data November and December 2023. FTSU Overall numbers.

10.1 FTSU Data – Numbers and themes. Details around the Freedom to Speak Up concerns raised during January 2024. Twenty colleagues raised concerns during this period.

Number of FTSU concerns raised



FTSU Broad themes raised



10.2 Number of FTSU broad themes raised by colleagues.

15 concerns relate to Processes/Organisational Structure/Other.

These concerns relate to:

- Lack of support and leadership in services
- Overpayment
- Recruitment and interview processes
- Concerns around consultation and TUPE processes.
- Illness recorded incorrectly on Healthroster.
- Retire and return process.
- Site maintenance and potential impact on patient safety

10 concerns relate to Worker Safety and/or Worker Wellbeing

These concerns relate to:

- Staff receiving threats from another staff member.
- Staff dynamics and impact on team
- Lack of support and leadership impacting the team and service
- Concerns raised with manager not addressed and its impact on staff.
- Harassment and intimidation and its impact on staff

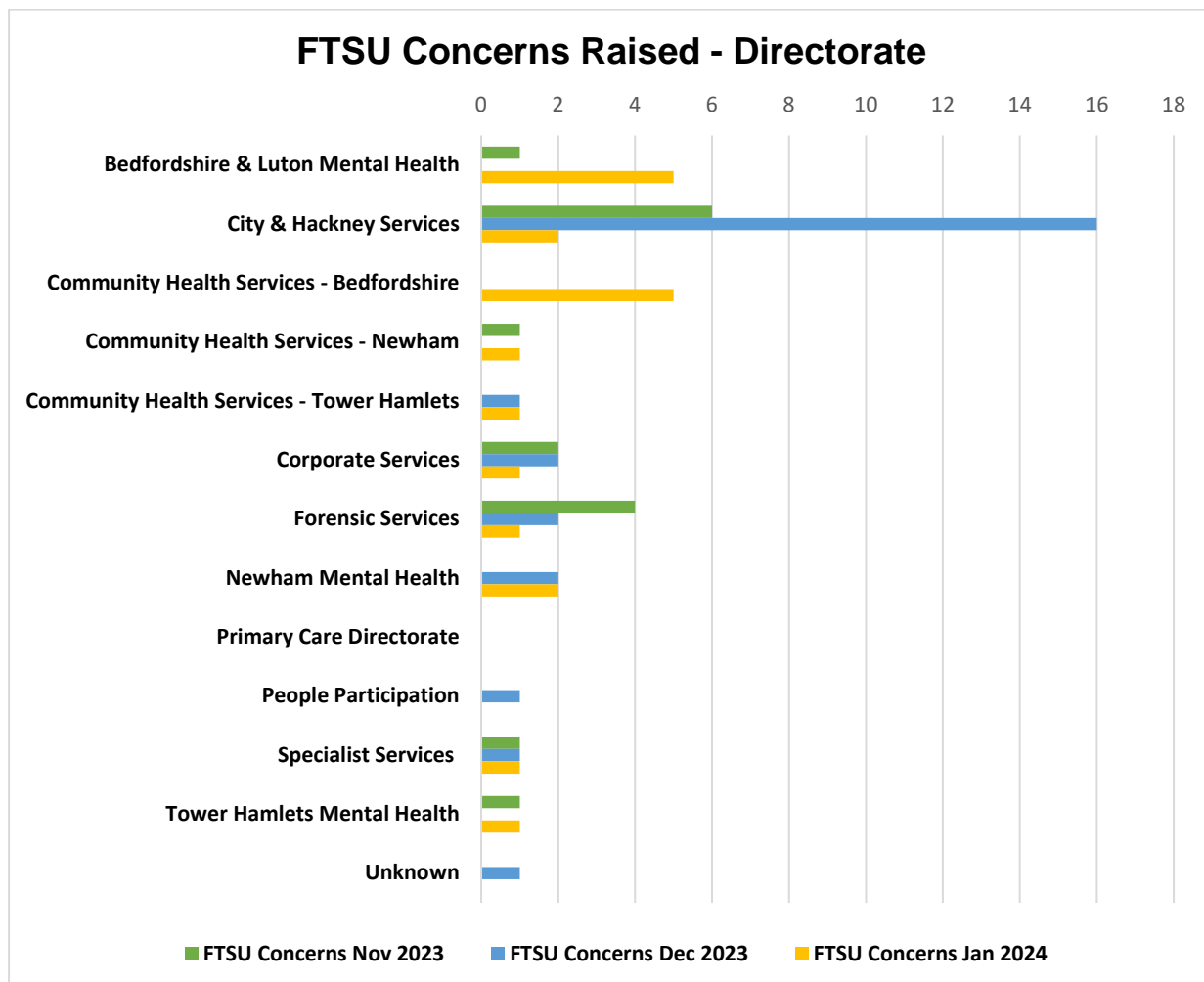
3 concerns relate to Patient Safety/Quality of Care.

These concerns relate to:

- Lack of or poor induction to new role
- Site maintenance

10.3 FTSU Concerns by Directorates.

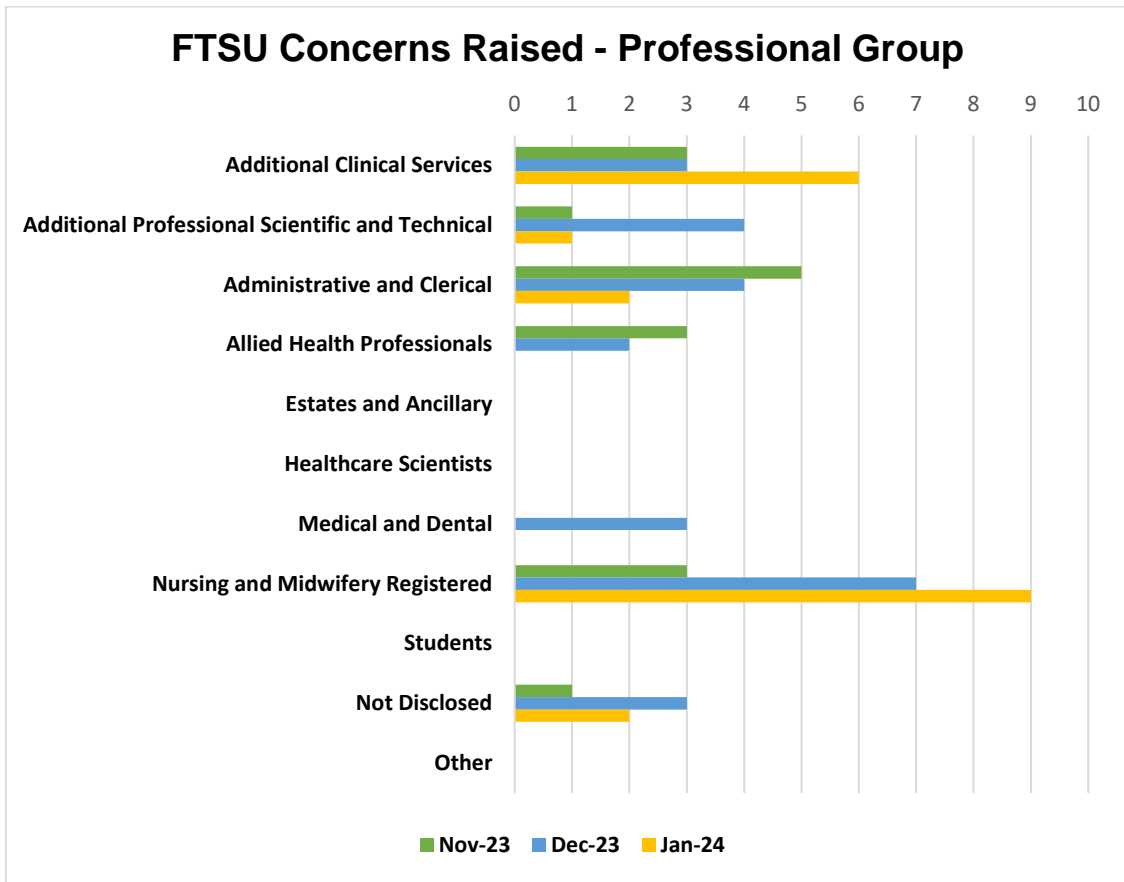
FTSU concerns raised - by Directorate



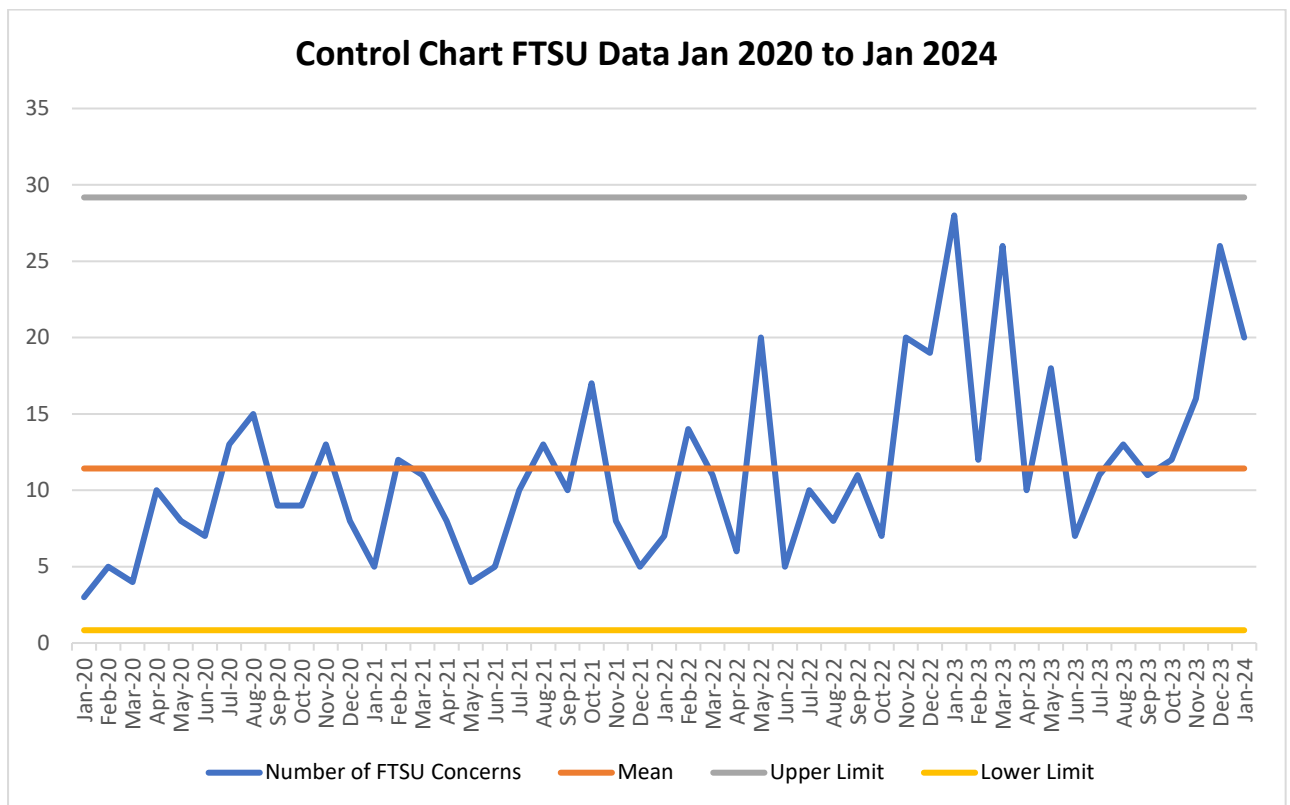
10.4 FTSU Concerns – Professional Groups

The professional groups raising the highest number of concerns in January 2024 are Nursing and Midwifery Registered (9) and Additional Clinical Services (6).

FTSU concerns raised - by Professional Group



10.5 Control Chart for FTSU Data January 2020 – January 2024



11.0 FTSU Updates

11.1 FTSU Training

- FTSUG continues to deliver FTSU awareness training at the monthly Corporate Trust Induction.
- FTSUG continues to facilitate virtual and face-to-face training to teams.
- Delivered session as part of the new Managers Induction Training.

11.2 Freedom to Speak Up Action Plan Update.

Following the FTSU audit, a FTSU Action Plan was generated to provide assurance to the Board that the Freedom to Speak Up processes so that staff feel safer about speaking up about their concerns.

Completions:

FTSU Contingency Planning:

Management and the FTSU Guardian to ensure a contingency plan is in place so that all work relating to FTSU is available should someone else need to step into the role.

- Access to case work folder on the K network
- Access to the FTSU inbox permitted
- Training and support to understand the overall FTSU process

Quality Committee Quarterly updates on FTSU related data and developments.

Directorate specific quarterly FTSU reports

- Meet with and share report with Directorate Leads and DMTs.
- Discuss themes from concerns and the learning that is being taken forward and embedded as a result.
- Reiterate the importance of completing the 'Board Update - Learning from Concerns' documents which supports with collating the actions and learning taking place as a result of FTSU concerns raised across the Trust.
- Monitor and measure changes taking place in directorates as a result of FTSU concerns raised as meetings progress.

FTSU Comms Strategy

- A FTSU Comms Strategy developed in conjunction with the Comms Team that reinforces a positive speaking-up culture, where colleagues know it is right to speak up, know how to do so and to whom they can speak up.

Next Steps

- The next priority is to develop the Freedom to Speak Up, or Speaking Up, Strategy to include
 - Long term objectives of FTSU
 - Key roles and responsibilities within FTSU and the wider Trust
 - Monitoring and measuring methods of progress within the Trust
 - Dissemination of learnings
 - Prioritised actions to deliver the Trust FTSU vision

12.0 Whistleblowing

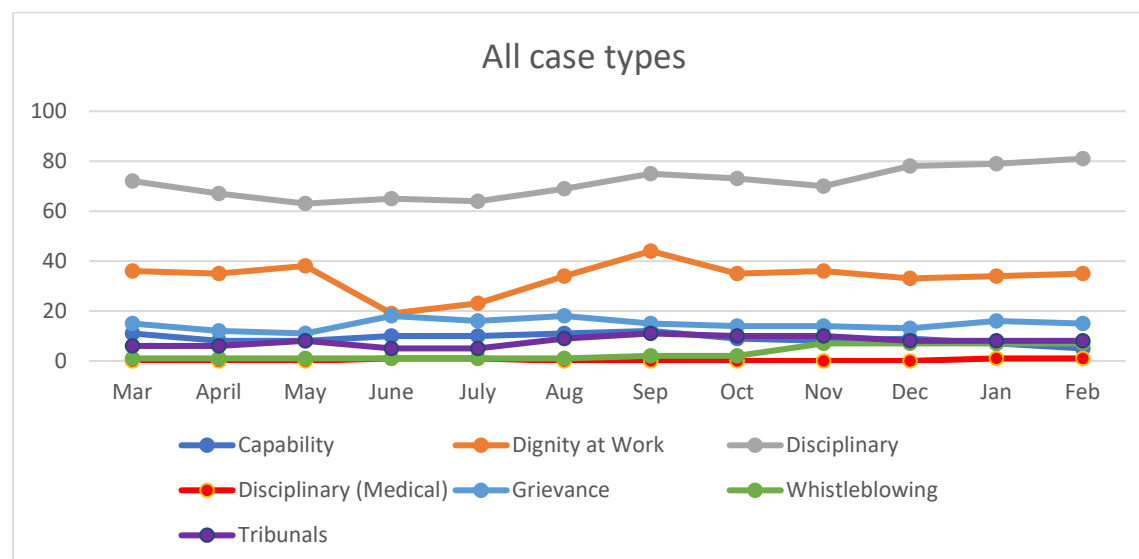
12.1 There are currently 5 open Whistleblowing cases. This has reduced 8 in the last report. One case was closed in April 2023, but was still owing on the report. The themes for the complaints have been:

- Bullying and harassment.
- Concerns about the professional or clinical practice or competence of colleagues or other members of staff.
- Inappropriate or unauthorised use of public funds or other resources, Potential corruption, fraud, or other financial malpractice.
- Health and Safety risks to the public, service users or other employees.
- Healthcare matters including suspected maltreatment/abuse of service users or staff.
- Other unethical conduct.
- The whistleblowing complaints have been raised via various routes including Freedom to Speak Up Guardian, CQC, and anonymously. The process for which whistleblowing complaints has been reviewed given the various avenues that the Complaints can be received. The Policy is currently under review and will go through the JSC approval mechanism.

13.0 People Relations

13.1 In total at the end of February 2024 there are: 152 live ER cases plus 8 Employment Tribunal cases, 4 ACAS, 165 long-term sickness cases and 612 short-term sickness cases and 4 cases currently on hold that are being managed by the People Relations team. The run charts below showcase the Case Types over the past year including this month's data.

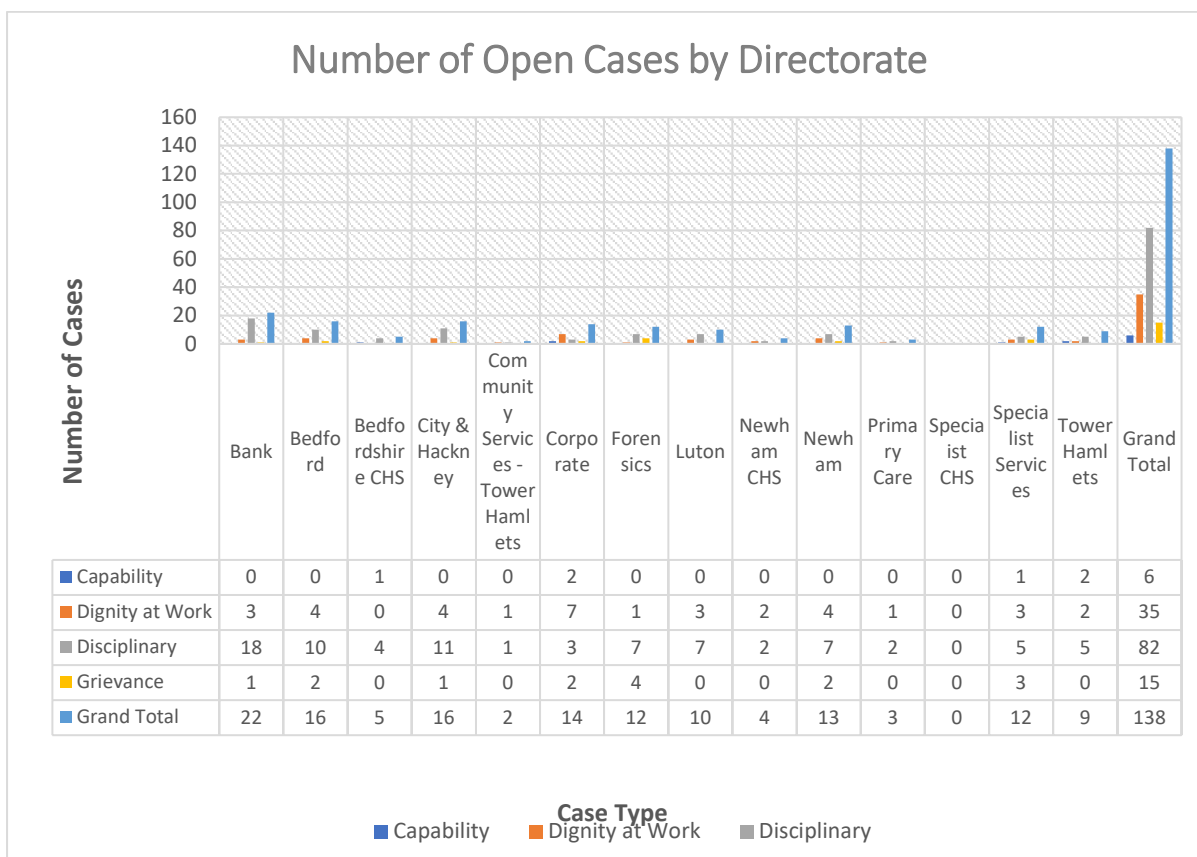
All case Types showcasing the different cases over the last year to this month.



- 13.2 The level of ER activity remains high, the team are currently reviewing the Fair Treatment process with the view to implement Restorative Just Culture.
- 13.3 Training for chairs and investigating officers was delivered in January 2024. The Trust solicitors, Capsticks were scheduled to deliver a learning lessons sessions on employment tribunals on 21 February 2024, however this was postponed as the Partner delivering the session was unfortunately off sick. New dates are being identified for March 2024.
- 13.4 All staff who have been through the disciplinary process, capability process and respect and dignity at work/grievance processes have been surveyed. There was a number of responses to each, containing some insightful and very useful qualitative feedback to enable us to improve the training, process and policy as well as further developing our trauma informed approaches.
- 13.5 All employment tribunals have been reviewed in terms of themes since April 2023.

Unfair Dismissal (constructive dismissal)	1
Breach of Contract (nonpayment of redundancy)	1
Discrimination (sex/Religion)	1
Discrimination (disability)	4
Discrimination (Pregnancy/sex)	1
Discrimination (sex)	1
Unlawful Deduction of Wages	1
Total	10

13.6 We are working with Trust solicitors to develop training for managers based on these themes.



14.0 Organisational Changes

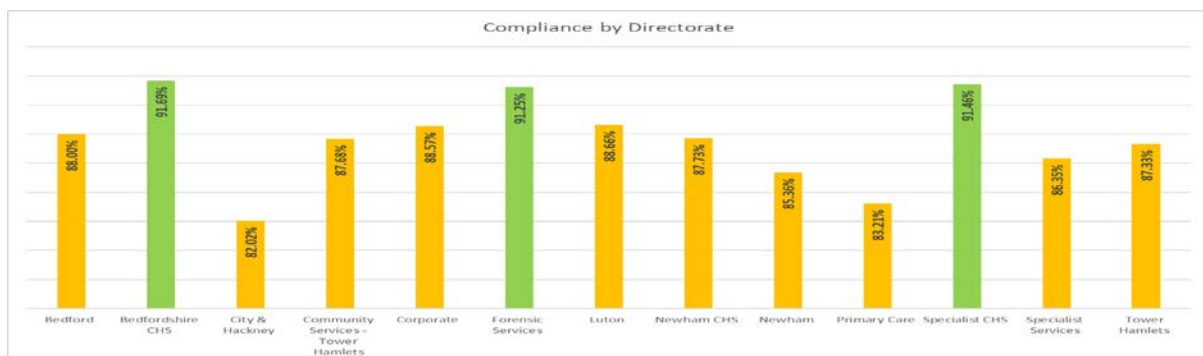
14.1 There are currently 8 organisational change processes in progress affecting 102 staff members. The change processes include re-organisation of services, TUPE transfer out, and moving staff who recently transferred in to ELFT under TUPE across to Agenda for Change terms and conditions of employment. The Trust is expecting to TUPE transfer in 4 GP surgeries in April 2024.

15.0 Mass Vaccination/Workforce Management model (WMM)

15.1 ELFT have agreed funding existing funding levels, (which are cost neutral to the Trust), for the continuation of the workforce management model until Q1 2024, whilst the ICB await Treasury approval to fund programmes going forward. ELFT continue to liaise with the ICB to assess and scope the possible offering going forward.

16.0 Growing and Developing our People - Statutory and Mandatory Training

- 16.1 Compliance continues an upward trajectory; we are now reporting at 87.47% (as of 20th February 2024). There has been a 1.85% increase since December which has been in line with the trajectory plan to return to 90% compliance however there was a lower-than-expected increase in January.
- 16.2 This was due to a greater number than expected of the new starters who joined in October and November having not completed their Stat & Man training during their 3-month grace period.
- 16.3 Work continues to return the Trust to its 90% compliance target and activity centres around reduction of Non-Attendance at courses, remapping training to ensure accuracy and improving the route through training to ensure easy access for staff and managers. The L&D team are also improving the targeted communication to new starters to support them to complete their training. Managers are also emailed to support their learner.
- 16.4 As a wider effort to increase compliance and the accuracy of what is reported we also continue to review the audiences for statutory and mandatory training to ensure accuracy where inaccuracies are identified. This work continues with subject matter experts, managers, and related legislations.
- 16.5 The L&D Team are also supporting the Analytics team to create a report in PowerBI that will replace the reporting that the L&D team send, which will be available in real time to support the ongoing work to achieve compliance. This is currently being tested and results are positive, and it is expected that this will become available in Spring 2024.
- 16.6 Compliance by Directorate as of 20th February is as follows:



17.0 Growing and Developing our People - Supervision.

- 17.1 Supervision is one of the CQC 'must do' actions from the January 2023 CQC inspection, which commented on the recording and completion of supervision. This project will not just deliver real time reporting through PowerBi but will also provide training, guidance and support for supervisors and supervisees to complete their conversation.
- 17.2 In April 2024 a new approach to Supervision will be launched across ELFT which will provide a structure and capture all managerial, professional, and clinical supervision discussions. The initial roll out, will include the initial tools and training, and further

supervision routes will be added in May and June 2024. The original launch date was December 2023 and this was delayed due to technical challenges with the supplier given the complexity of what we're trying to implement.

- 17.3 All supervision, regardless of type, will have at its core three elements that the individual and their supervisor will discuss together: wellbeing, contribution, and personal development.

18.0 Recommendations

- 18.1 The Board are asked to **CONSIDER** the assurance provided and **CONSIDER** any other assurance that is required.

REPORT TO THE TRUST BOARD IN PUBLIC
28 March 2024

Title	Finance, Business and Investment Committee (FBIC) 21 March 2024 – Committee Chair's Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Cathy Lilley, Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meeting held on 21 March 2024.

Key messages

Finance Report Month 11

- The Trust is reporting a surplus position of £0.7m at the end of February with the final position forecast to be a c£4m surplus which is £1.2m adverse to plan due to an adjustment for the impact of industrial action, allowable from an NHSE reporting perspective
- Capital spend is £8.8m with an expectation to fully meet the resource limit by year end
- The cash position is £107.3m and the Trust continues to be in Segment 1 (no specific support needs: maximum autonomy, minimum risk) of the NHS Oversight Framework
- There are continuing system challenges around delayed release for inpatients who are clinically ready for discharge and a key focus for 2024/25 will be on reducing the levels of private bed usage with dedicated work to build a clinical model around stepdown beds and increase the use of virtual wards to lessen both the financial and quality impacts on ELFT services
- Next year's plan will also focus on ensuring the funding of the workforce is more accurately aligned to reflect the establishment.

Financial Viability (FV) Month 11

- The year end forecast remains at £14.96m against the full year target of £20.8m
- For 2024/25, PIDs totalling £17.6m identified, although work continues with directorates to confirm values and start dates. Risk ratings are being applied to schemes aligned to confidence levels around delivery
- Work to develop corporate and central Trust-wide schemes is ongoing which should increase the value; however, currently assurance in meeting the £29m target cannot be provided
- A budget re-setting exercise has applied a 5% savings target for all services; going forwards an internal benchmarking exercise will be undertaken to identify areas with the capacity and capability to make significant savings financially compared to areas of more challenge
- The challenges ahead are recognised; directorates are having open and honest conversations around the difficult decisions to be made on efficiency drives and waste identification
- Details of the actions required to provide greater assurance in meeting the FV target will be brought back to the committee.

Trust Budgets 2024/2025

- The first draft of the financial plan has been submitted, with a further submission due in early May
- The committee requested greater clarification of directorate establishment budgets and details of where contracts are viable or not
- The committee agreed to meet in April to allow for further review and discussion.

Estates Environment Strategy Update

- An independent review set out the progress to date around place-based care, value for money, capital and investment, and sustainability. Examples of the positive impacts on staff and service users were evidenced in improved staff environments and amenities and the appointment of a people participation lead; however, the committee requested further work to summarise the outcomes and detail progress against timescales
- A discussion around the future vision for estates highlighted the opportunity to use this as a lever for change with the potential for self-generation of capital through, for example, the release of

buildings and more flexible ways of working, whilst acknowledging the financial environment will continue to impact adversely on the current long-term plans

- A report on the PFI contract expiry at the Newham Centre for Mental Health in 2032 was presented and, whilst endorsing the direction of travel and acknowledging the importance of ensuring there is major contract management expertise, the committee requested further exploration of possible solutions including the opportunity to collaborate with NELFT who are in the process of exiting a PFI.

Procurement Update

- Confidence in the achievement of the full savings target of £600k for 2023/24 remains high with potential for some additional savings by year end
- Work continues to increase the purchase order compliance rate with regular training sessions to embed knowledge of procurement processes, and to achieve both targets of social value objectives around payment of the real living wage (RLW) and achieving net zero compliance in the supply chain along with a process for tracking and monitoring benefits realisation
- The committee received assurance around some of the suppliers who have been excluded from paying RLW, confirming work continues around their implementation in the longer term and a procurement framework being put in place.

Independent Sector Beds Proposal

- A short-term proposal to procure 30 beds in partnership with North East London NHS FT (NELFT) from the Priory was presented, the rationale being the ability to combine a cost benefit with good quality care closer to home for patients and families. A clinical lead will have specific oversight of these patients and management of their length of stay, reviewing acuity with the aim of converting some to step down beds as and when appropriate
- In the medium term work is under way to develop a cost-neutral solution with other commissioners; the long-term strategy is to reconfigure inpatient care around the capacity of other ELFT services
- The committee approved the proposal as a holding position whilst progressing other initiatives.

Green Plan

- An update on the three-year plan was presented which highlighted the expectation the Trust will meet the NHS target of a 40% reduction in our carbon footprint by 2025 and 72% of green plan workstream measures either completed or on track to be completed on plan. Assurance provided on the progress of a number of initiatives including energy usage reduction, recycling, service user involvement and increasing staff engagement through QI projects and sustainability training
- Future adaptation of the Trust's estates will play a key role in achieving the next NHS target of a further 40% reduction by 2036 prioritising decarbonisation, climate action and principles of sustainability across ELFT's annual plans
- The committee reaffirmed their commitment to the sustainability agenda with some colleagues offering to join the workstreams for further engagement and discussion.

Board Assurance Framework: Improved Value – Risks 7 and 8

- **Risk 7:** *If the Trust's approach to value and financial sustainability are not embedded, this may impact on the achievement of the Trust's financial, service delivery and operational plans:* the committee requested a further review of the risk score taking account of the increasing significant financial pressures the Trust is facing
- **Risk 8:** *If the Trust fails to robustly implement and embed infrastructure plans including digital and estates, this will adversely impact on our service quality and delivery, patient care and carer experience, and our ability to transform services in line with our aspiration to be a leader in both of our ICSs:* the committee recognised the improvements to the cyber risk; however, highlighted the increasing challenges with the estates. The risk itself is being reviewed and anticipated will be split into two, one to cover digital and the other estates.
- The committee agreed no changes to the risks scores and that appropriate controls are in place and operating effectively.

Previous Minutes: The approved minutes of the previous meeting are available on request by Board Directors from the Director of Corporate Governance.

REPORT TO FINANCE, TRUST BOARD
28 March 2024

Title	Finance Report Month 11 (February 2024)
Author	Haffejee Knight, Associate Director of Finance
Accountable Executive Director	Kevin Curnow, Chief Finance Officer

Purpose of the report

This report highlights and advise the Board on the current finance performance and issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
21/03/2024	FBIC
27/03/2024	SDB

Key messages

<p>Summary of Financial Performance:</p> <ul style="list-style-type: none"> • As at month 11 the Trust is reporting a surplus position of £0.74m year to date, which is £3.7m adverse to plan. The key drivers of this variance are; <ul style="list-style-type: none"> ○ Financial Viability (FV) slippage ○ Staffing pressures on inpatient wards, due to maternity leave absence, staff sickness, general increase in patients with complex needs (post COVID), enhanced observation requirements and difficulties in recruiting medical and nursing staff. ○ Usage of private sector beds ○ Inflation above funding ○ Industrial Action (IA) • The Trust’s cash balance on the 29th February 2024 was £107.3m. • Capital expenditure as at 29th February 2024 was £8.8m. • Better Payment Practice Code performance is 86.4% by volume and 90% by value. • The Trust is currently forecasting to be on plan when excluding the cost impact of the IA of £1.2m. • Appendix 1: Directorates / Corporate Divisions Financial Performance

Strategic priorities this paper supports

Improved Population Health Outcomes	<input checked="" type="checkbox"/>	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	<input checked="" type="checkbox"/>	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	<input checked="" type="checkbox"/>	Delivering financial balance aids improving staff experience.
Improved Value	<input checked="" type="checkbox"/>	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	NHS England (NHSE) risk rating places the Trust in segment 1, there are however risks around the use of temporary staff and achieving the Trusts Financial Viability target
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

1 Executive Summary

1.1 Background and Financial Framework

For 2023/24 the financial architecture has continued with a contracting model, where funding is based on prior year, adjusted for non-recurrent items, funding growth, services changes and a net 1.8% uplift anticipated for pay and price increases. This is distributed to a system level and then allocated based on agreed methodologies to provider Trusts.

The Trust final plan submission to NHS England (NHSE) on 4 May was an income and expenditure surplus of £5.4m, in line with North East London (NEL) Integrated Care System (ICS) plan submission, which was breakeven. The final plan submission by the Trust includes Financial Viability target of £20.8m. The Trust also submitted a capital plan of £9.8m in line with its allocation share based on depreciation. Trust capital requirements far exceed this and additional NEL prioritisation work and Regional and National discussions are underway regarding the required increase to Capital Departmental Expenditure Limit (CDEL) for East London NHS Foundation Trust and NEL ICS.

1.2 As at month 11, the Trust is reporting;

- An income and expenditure surplus position of £740k year to date, which is £3.7m adverse to plan. The key drivers of this variance are;
 - Slippage on Financial Viability delivery (£5.1m).
 - A continuation of expenditure pressures across Home Treatment Teams (£2.2m) and Primary Care services (£2.6m).
 - Staffing cost pressures in inpatient services (£12.7m) linked to an increase in the number of patients with complex needs, requiring enhanced.
 - High agency usage in Primary Care, and Medical Staff.
 - Usage of private sector beds (£7.3m).
 - The impact of the continued effect of hyperinflation and high RPI contract renewals, particularly within estates (£2.3m).
 - Industrial Action (IA) impact (£1.2m).
- Adverse variances are currently being partly offset by underspends against planned investments in other services and non-recurrent balance sheet support.
- Excluding balance sheet support the Trust is reporting a £20.9m deficit.
- The Trust is currently forecasting an annual outturn of £4.2m surplus which is £1.2m adverse to plan. The forecast has been adjusted for the impact of Industrial Action.
- The Trust's cash balance on the 29th of February was £107.3m. The cash balance is lower than plan mainly due to the reported Trust underlying deficit position. The Trust's on-going cash requirements have not changed materially in terms of staff pay and capital expenditure, and the Trust continues to strive to pay suppliers early in the current economic climate.
- Capital expenditure as at 29th of February 2024 was £8.8m, a further £2.1m will be required to be spent in March to achieve the forecast.

2 Summary of Income & Expenditure Performance as at 29th February 2024.

- 2.1 The year to date Trust financial position, is a surplus of £0.74m compared to a planned surplus of £4.4m. This position is £3.9m adverse to plan.
- 2.2 In month, the Trust is reporting a surplus position of £4.7m, which is £3.8m favourable compared to planned surplus of £936k. The in-month favourable movement is mainly due to non-recurrent benefits.
- 2.3 Overall M11 expenditure run-rate excluding the impact of Industrial Action and non-recurrent adjustments slightly improved due to reduction in private beds usage. The Trust continue to face pressures across the inpatient services driven by high acuity of patients (£15.9m), Home Treatment Teams in (£2.2m) and Primary Care services (£2.6m), usage of private sector beds (£7.3m) and medical staff pay continue to over spend £9.5m.
- 2.4 We are currently experiencing high demand for inpatient beds and currently utilising beds in the private sector. The Trust is taking action to mitigate these costs and has managed to reduce the private sector beds usage by using step down beds. We will continue efforts to mitigate these costs and liaise with NEL ICB and BLMK ICB for system wide solution.
- 2.5 Each directorate has been tasked with removing any cost pressures and review key overspending areas to ensure the current run-rate does not continue in the next financial year.

Table 1: Summary of Financial Performance

	Year To Date			Annual Plan £000	YTD Prior Month Variance £000	Change +/- £000
	Plan £000	Actual £000	Variance £000			
Income						
NHS - Patient Care Activities	561,473	571,949	10,475	613,081	4,952	5,524
Non NHS - Patient Care Activities	20,211	24,324	4,113	21,977	3,542	571
Other (in accordance with IFRS 15)	18,819	19,369	550	20,194	743	(194)
Other Operating Income	1,549	977	(572)	1,687	(535)	(38)
Income Total	602,053	616,618	14,565	656,940	8,702	5,863
Pay						
Substantive	(420,114)	(350,494)	69,620	(458,267)	64,409	5,211
Bank	(2,718)	(53,286)	(50,568)	(2,829)	(46,479)	(4,089)
Agency	(87)	(30,327)	(30,241)	(94)	(27,362)	(2,879)
Pay Total	(422,919)	(434,107)	(11,189)	(461,190)	(9,431)	(1,757)
Non-Pay						
Non Pay	(144,463)	(152,591)	(8,127)	(157,375)	(8,608)	481
Non-Pay Total	(144,463)	(152,591)	(8,127)	(157,375)	(8,608)	481
EBITDA	34,671	29,920	(4,750)	38,375	(9,337)	4,587
Post EBITDA						
Depreciation	(26,342)	(26,632)	(290)	(28,737)	(0)	(290)
Finance Income	4,321	6,005	1,684	4,714	1,610	74
Finance Expenditure	(2,502)	(2,502)	(0)	(2,729)	(0)	(0)
PDC Dividend	(6,143)	(6,705)	(562)	(6,685)	30	(593)
Total Post EBITDA	(30,666)	(29,834)	832	(33,437)	1,640	(808)
	4,005	86	(3,919)	4,938	(7,697)	3,778
Less						
Depreciation: Donated Assets	(418)	(654)	(236)	(462)	-	(236)
		-	-			
Reported Surplus / (Deficit)	4,423	740	(3,683)	5,400	(7,697)	4,014

EBITDA – Earnings before Interest, Depreciation and Amortisation

PDC – Public Dividend Capital

2.6 Income

The income position at the end of February reported a favourable variance of £14.6m. The over performance is mainly due to additional funding received in year, which was not included in the plan, along with the release of £4.7m of deferred income from the balance sheet. The additional income is being offset by related additional costs included in the position.

The key variances comprising the in-month figure of £5.9m relate to ICB's and are release of prior year deferred income balances (£4.7m), Industrial Action Impact Funding (£0.9m) and Depreciation Funding (£0.3m).

A summary of the Trust income position is included in Table 2 below.

Table 2: Summary of Operating Income

Income Type	Year To Date			Annual Plan £000	YTD Prior Month Variance £000	Change +/- £000
	Plan £000	Actual £000	Variance £000			
Income From Patient Care Activities						
NHS - Patient Care Activities						
Integrated Care Boards (ICBs)	458,203	466,939	8,736	501,060	3,103	5,633
NHS England	46,279	47,920	1,641	50,467	1,517	124
NHS Foundation Trusts	4,147	5,266	1,118	4,231	670	449
NHS Trusts	52,593	51,480	(1,113)	57,023	(432)	(682)
NHS Other (including Public Health England)	251	344	94	301	94	0
NHS - Patient Care Activities Total	561,473	571,949	10,475	613,081	4,952	5,524
Non NHS Patient Care Activities						
Local Authorities	16,006	17,256	1,250	17,449	884	366
Non-NHS: Other	4,205	6,968	2,763	4,528	2,560	203
Non-NHS: Overseas Patients	-	99	99	-	97	2
Non NHS Patient Care Activities Total	20,211	24,324	4,113	21,977	3,542	571
Total Patient Care Activities Income	581,684	596,272	14,588	635,058	8,493	6,095
Other Operating Income						
Other (in accordance with IFRS 15)						
Research and development	873	1,267	393	928	319	75
Education and Training Income	13,319	13,319	0	14,218	0	0
Other (recognised in accordance with IFRS 15)	4,627	4,783	156	5,047	425	(268)
Other (in accordance with IFRS 15) Total	18,819	19,369	550	20,194	743	(194)
Other Operating Income						
Other Income	1,549	957	(592)	1,687	(535)	(58)
Other Operating Income Total	1,549	957	(592)	1,687	(535)	(58)
Other Operating Income Total	20,368	20,326	(43)	21,881	209	(251)
EBITDA Income	602,053	616,598	14,545	656,940	8,702	5,843

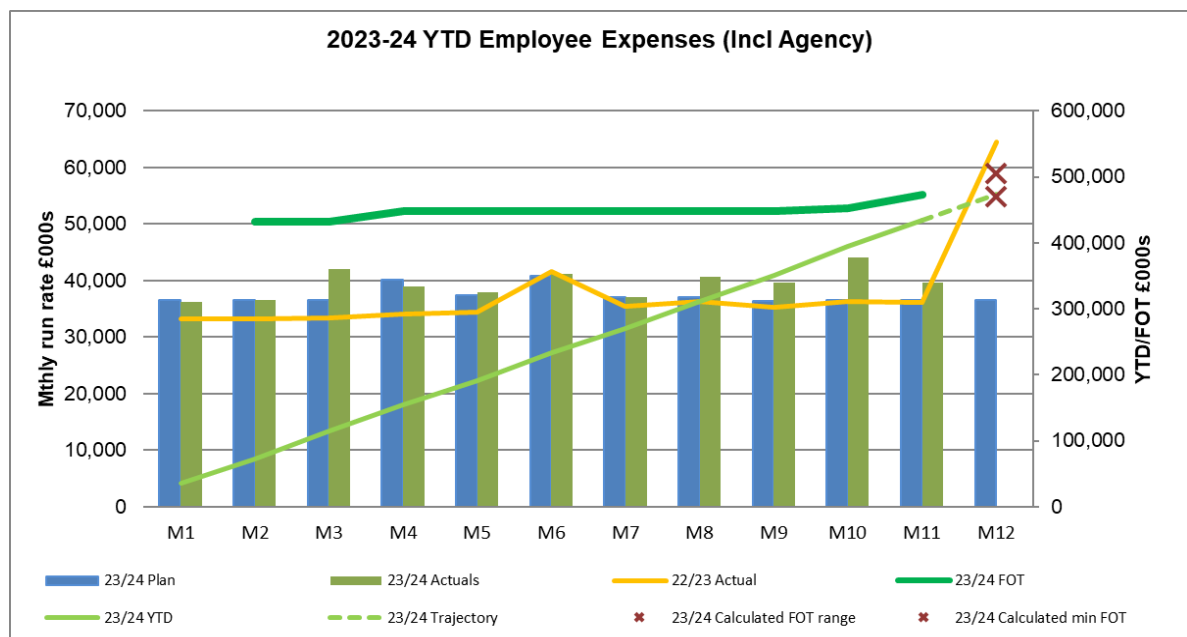
2.7 Pay

Overall pay is off plan by £11.2m year to date. Total staff costs for February are in line with previous months when adjusted for central adjustments and Industrial Action impact.

The unachieved pay Financial Viability target (£3.4m) and overspends in some of the directorates are currently being partially offset by vacancies and delayed recruitment in some of the planned investments in the other directorates and centrally. The key overspending areas are;

- Inpatients services overspent by £11.5m. Services noted an increase in the acuity of patients post COVID, as a result additional staffing required for enhanced observations, escort care, staff sickness cover etc.
- Medical and dental staffing budgets are overspent by £9.5m, which is being offset by underspends in other areas. The additional costs are due to long term sickness cover, the use of agency to cover vacancies and industrial action impact.
- Home Treatment Teams (HTT) are overspent by £2.6m due to the use of agency staff to cover nursing vacancies, maternity leave, sickness and double running costs related to internationally recruited nursing staff. The HTT teams are experiencing difficulties in recruiting and retaining staff. The service is now engaging international recruitment agencies.
- Administrative and clerical staffing are underspent by £4.7m YTD, mainly linked to Corporate (£1.4m) and Bedfordshire (£1.6m) services.
- Primary Care overall pay is overspent YTD by £2.8m, due to the use of agency, general post over-establishment and the use of high salaried GP's. Medical staffing accounts for £2.1m of the adverse variance, other cost pressures include nursing (£0.3m), Admin (£0.4m) and a redundancy charge £69k

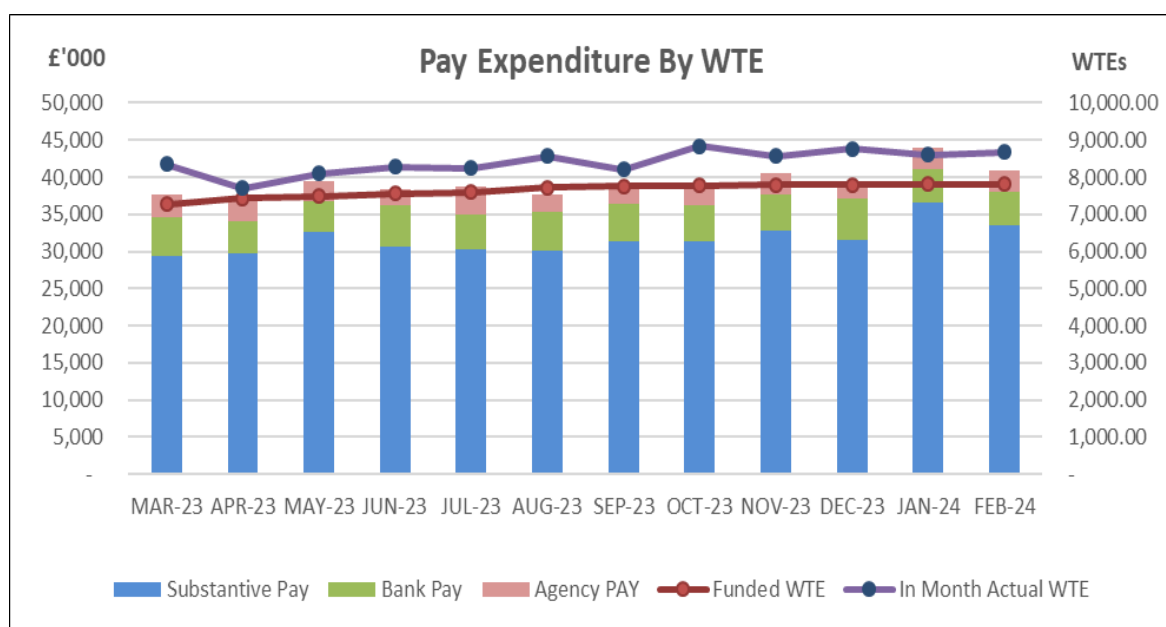
Pay	2023-24							Mov^t
	AUG-23	SEP-23	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Substantive	30,001	31,408	31,320	32,775	31,572	36,546	33,559	(2,987)
Bank	5,232	4,950	4,913	4,923	5,466	4,503	4,529	27
Agency	2,469	2,699	2,918	2,862	2,373	2,952	2,886	(66)
Pay Total	37,702	39,057	39,152	40,559	39,411	44,001	40,975	(3,026)



2.8 WTE Trend (per the finance ledger)

The WTE movement is mainly linked to safer staffing requirements to meet patients' needs on NEL inpatient wards and NMET SIFT & PGME related WTEs being transferred to directorates in month after HEE Q3 schedule revisions, the transfer included M08 costs and WTEs.

Pay Type	2023-24							Mov^t
	AUG-23	SEP-23	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	
Funded WTE								
Substantive	7,717.3	7,748.7	7,768.8	7,791.3	7,795.4	7,796.9	7,808.4	11.50
Bank	2.2	2.2	2.2	3.2	3.3	3.3	3.3	-
Agency	1.0	1.0	1.0	1.0	1.0	1.0	1.0	-
In Month Actual WTE								
Substantive	6,882.1	6,894.7	7,019.4	7,031.0	7,112.3	7,134.8	7,173.8	39.0
Bank	1,316.7	931.0	1,453.4	1,168.1	1,293.9	1,126.1	1,148.2	22.10
Agency	371.2	385.7	363.2	366.9	363.4	343.7	350.9	7.15
Total Funded WTE	7,720.5	7,751.9	7,772.0	7,795.5	7,799.7	7,801.2	7,812.7	11.5
Total In Month Actual WTE	8,570.1	8,211.4	8,836.1	8,566.0	8,769.6	8,604.7	8,672.9	68.3
Total Variance WTE	849.6	459.5	1,064.1	770.5	970.0	803.5	860.2	56.8



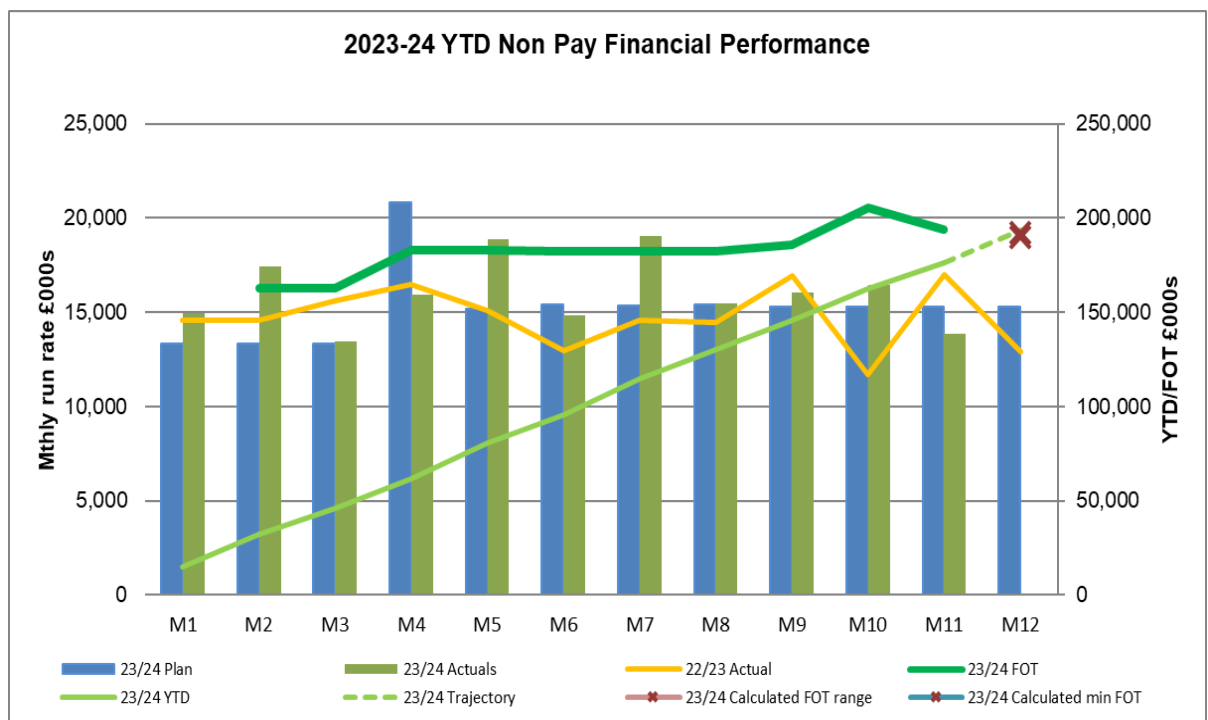
2.9 Non-pay

Overall non-pay is overspent by £8.1m year to date.

The year to date key overspending areas are;

- Estates and Facilities (£2.5m) driven by the effect of hyperinflation pressures, rental costs (£0.4m), energy and utilities (£1.4m) and building maintenance works (£0.7m)
- Clinical supplies and services have an adverse variance of £4.9m, linked to cost pressures for drugs (£1.4m), catering (£1.2m), medical and surgical equipment (£0.7m) and Continence products (£0.4m).
- Private sector bed overspent by £7.3m.
- The over spends are partially offset by non-recurrent balance sheet support.

Non-Pay Excluding Depreciation	2023-24							Mov^t
	AUG-23	SEP-23	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Establishment	664	577	704	625	498	566	553	(14)
Consultancy	317	401	68	439	256	128	286	158
Other NHS charitable fund	34	13	28	65	23	12	16	3
Supplies & Services	2,614	3,358	3,313	3,432	3,356	2,756	3,160	404
Transport	321	451	554	449	432	511	378	(133)
Other Expenditure	2,405	1,380	(846)	1,416	(2,590)	(3,372)	(1,869)	1,503
Premises	2,440	1,842	2,864	(173)	5,662	3,799	2,617	(1,182)
Purchase of Health and Social Care	6,249	5,648	6,674	6,384	5,305	8,662	5,845	(2,817)
Costs related to people	445	380	682	333	417	523	504	(20)
Clinical negligence	153	153	153	153	153	153	153	(0)
Charges to operating expenditure	424	424	424	424	424	424	430	6
Audit fees and other auditor remuneration	12	12	12	12	12	(15)	14	29
Not currently mapped - Non Pay	24	-	(4)	10	-	(1)	1	2
Non-executive directors	18	18	18	17	30	16	22	6
								-
Non-Pay Total	16,121	14,658	14,643	13,587	13,979	14,164	12,109	(2,055)



2.10 Risks In Forecast Outturn

- Income from the ICB if not paid (£1.1m).
- Rates rebate assumption (£585k).
- Balance sheet support not materialising as planned (£2.9m).
- Further Industrial Action impact.
- Private sector beds usage continues at current run-rate.

3 Agency Expenditure and Ceiling

The Trust submitted an annual financial plan with planned agency usage of £24.2m.

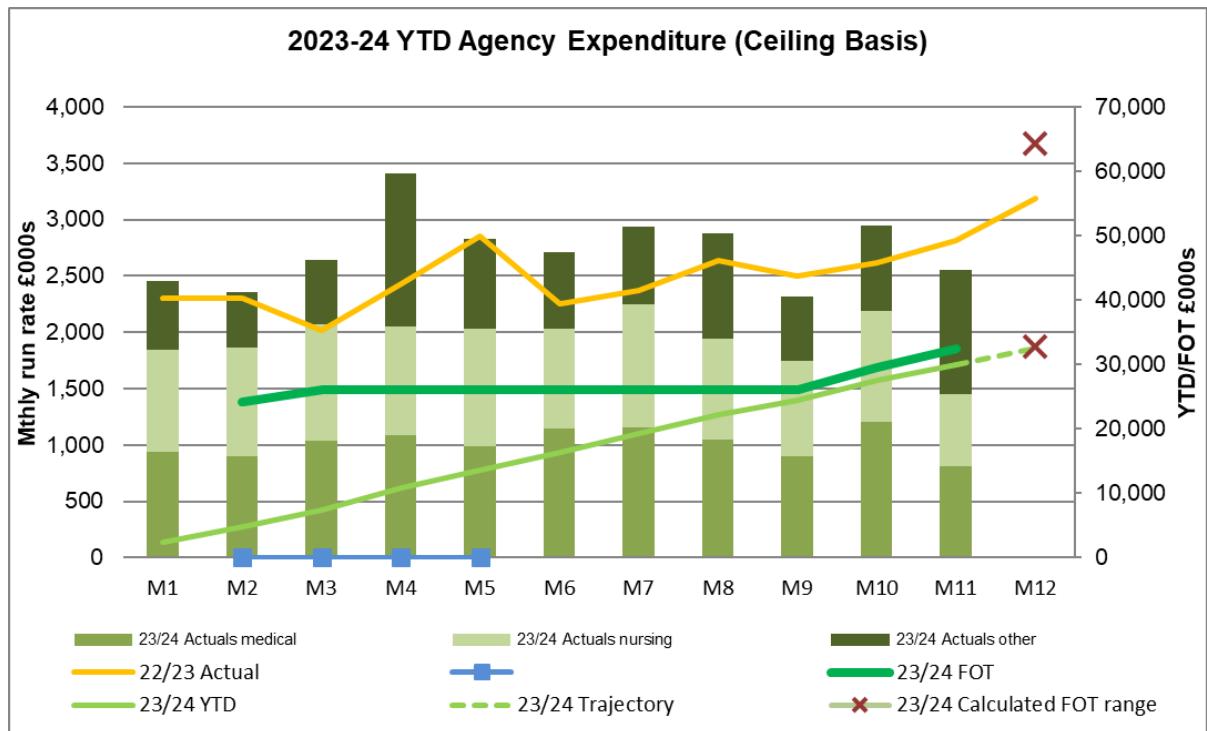
Total monthly agency expenditure has been consistently above the 2022-23 and 2023-24 agency plans. Services need to be particularly mindful that agency should only be considered as a short-term solution with substantive recruitment completed as quickly as possible or revert to Bank spend where necessary. Plans are now in place to cease agency in administration functions.

Year to date ELFT agency expenditure is £30.3m which is £8.2m (36.9%) above the plan and represent 7.0% of total pay expenditure. Agency costs reduced by £0.07m in February compared to previous month.

The services with the highest levels of agency to date are as follows;

- BLMK AMH (£8.5m) driven by medical and nursing staff
- Bedfordshire CHS (£2.9m), of which £2.4 relates to Home treatment teams (£2.4m)
- Corporate spent £3.4m on agency to date, £2.7m related to the ICT function.
- Primary Care has spent £2.1m on agency, of which £0.9m is linked to medical agency for Leighton road surgery
- NEL AMH has spent £4.8m, which is linked to medical and nursing staff
- Specialist Services has spent £3.4m on agency, driven mainly by the CAMHS beds service (£1.3m)
- NEL CHS (£4.4m)

Agency expenditure is summarised in the charts below:



4 Financial Viability Programme (FVP)

4.1 2023/24 Financial Viability Targets

The Financial Viability target for 2023/24 is £20.8m. The agreed Directorate targets have been allocated to Clinical and Corporate divisions as part of 2023/24 budgets, with the unallocated FV and central schemes held centrally.

A separate paper on Financial Viability will be presented and discussed at Service Delivery Board and Finance Business and Investment Committee (FBIC) which includes further relevant detail of the programme.

4.2 Financial Viability Year to Date Performance

The year to date planning target for month 11 was £18.1m with a total reported delivery of £13.0m, resulting in an adverse position of £5.1m. This has been delivered through interest from investments (£3.6m), the pay costing exercise (£3.4m), income from bed sales (£1.2m), rates rebates (£0.6m), pharmacy savings (£0.4m), one-off Forensic service efficiencies (£0.4m), overhead contribution (£0.3m), and other bottom up Directorate plans (£3.1m).

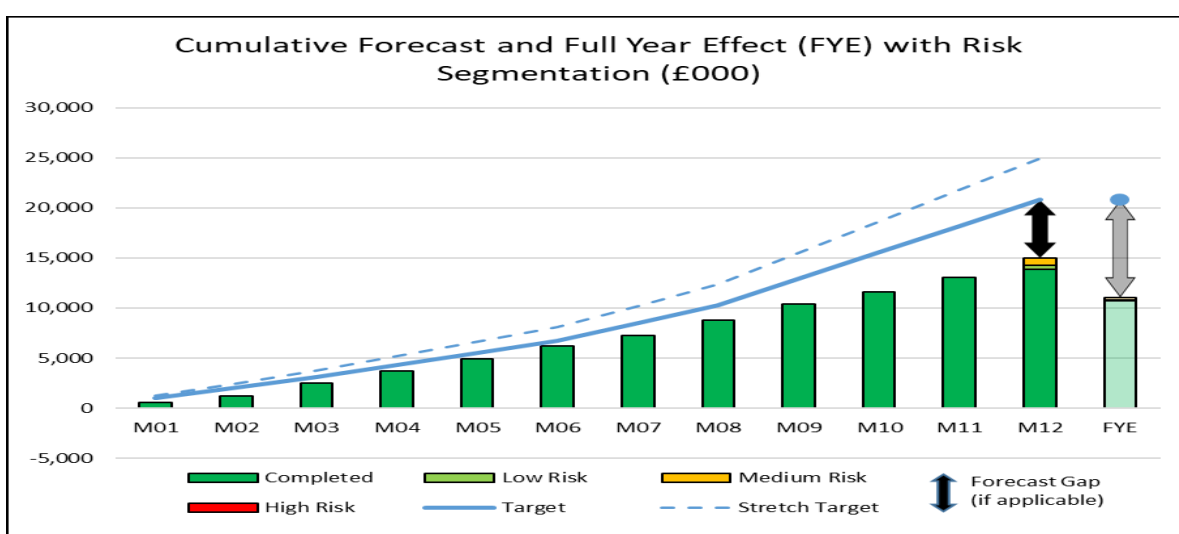
Directorate	2023/24 FV Target Allocated £'000	YTD Plan £'000	YTD Actuals £'000	YTD Variance £'000	Actuals vs YTD Plan %
Specialist Services	1,975	1,772	477	-1,295	27%
Forensic	1,110	996	1,013	18	102%
CHS Bedfordshire	760	682	205	-477	30%
Luton & Bedfordshire AMH	2,316	2,078	422	-1,657	20%
CHS Newham	795	714	695	-19	97%
CHS Tower Hamlets	449	403	394	-8	98%
City & Hackney AMH	1,223	1,098	498	-600	45%
Tower Hamlets AMH	1,365	1,225	1,620	395	132%
Newham AMH	1,111	997	1,015	19	102%
Clinical Directorates Total	11,104	9,964	6,339	-3,625	64%
Corporate Services & Estates	1,112	998	599	-399	60%
Central Projects & Unallocated	8,584	7,216	6,092	-1,124	84%
GRAND TOTAL	20,800	18,178	13,030	-5,148	72%

4.3 NEL ICB was required to produce a financial recovery plan, and meetings were held between Trusts, ICB and NHSEI during September 2023. As a result of these discussions, the FV Trust forecast was adjusted to exclude high risk schemes where there are no firm plans for delivery in 2023/24, and is now £14.96m. This is shown in the graph below against the Trust target, and segmented by delivery risk.

There includes an element of non-recurrent mitigation (£0.68m) to cover further slippage and change in plan values since Month 6. It remains essential that DMTs ensure that savings identified within their FV forecasts are fully delivered by the end of March.

Plans also need to continue to be worked on to close the recurrent unidentified gap shown in the final column of the graph, and to identify measures that improve expenditure run-rate. Investment slippage already forms part of the Trust financial plan, and DMTs should not rely on this to meet their Directorate targets.

Directorate	2023/24 Target £'000	2023/24 Forecast £'000	Forecast vs Target %	2024/25 Full Year Effect £'000	2024/25 Full Year Effect vs Target %
Specialist Services	1,975	537	27%	437	22%
Forensic	1,110	1,080	97%	149	13%
CHS Bedfordshire	760	223	29%	219	29%
Luton & Bedfordshire AMH	2,316	506	22%	506	22%
CHS Newham	795	758	95%	642	81%
CHS Tower Hamlets	449	430	96%	430	96%
City & Hackney AMH	1,223	561	46%	571	47%
Tower Hamlets AMH	1,365	1,776	130%	1,644	120%
Newham AMH	1,111	1,111	100%	801	72%
Clinical Directorates Total	11,104	6,983	63%	5,399	49%
Corporate Services & Estates	1,112	663	60%	716	64%
Central Projects & Unallocated	8,584	7,311	85%	4,889	57%
GRAND TOTAL	20,800	14,956	72%	11,005	53%



4.4 2024/25 Planning

The full year effect of 2023/24 identified plans remains at £11.05m (excluding high risk schemes).

Alongside the upcoming annual budget setting and planning round, the Trust is in the process of scoping schemes for the 2024/25 programme to meet planning requirements plus any recurrent shortfall from the 2023/24 programme. This was a key focus of the DMT away day on 23rd November 2023, and meetings took place with all operational DMTs during January to discuss 2024/25 plans.

Several DMTs have now submitted Project initiation Documents (PIDs), although there remain a number for which no assessment of the financial impact has been included. The PMO continue to work with DMTs, and to review and summarise the PIDs submitted to date.

Quality Impact Assessments (QIAs) also need to be completed, and consideration given to any further schemes that can be brought forward.

Initial executive level discussions relating to corporate plans took place during week commencing 15th January, and Trust wide FV plans were the subject of the CEO Strategic Discussion Group on 17th January. A Financial Viability session was included as part of the Corporate Planning Workshop on 14th February.

The initial planning assumption of 5% for 2024/25 equates to a total Trust requirement of approximately £29.0m.

5 Statement of Financial Position (SoFP)

5.1 Balance Sheet

The net balance on the Statement of Financial Position at 29th February 2024 was £331.8m, which is a decrease of £5.2m since 31st January 2024. This relates to the improved YTD performance, offset by the adjustment required for transitioning the PFI to IFRS16.

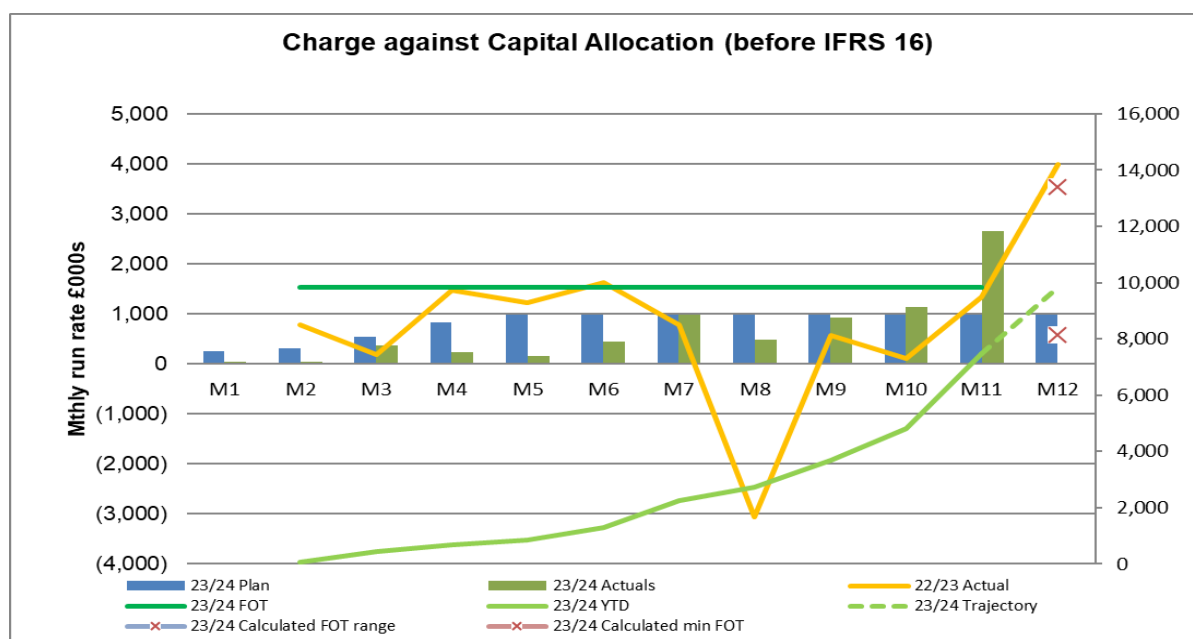
Statement of financial position summary	Year to Date		
	Plan	Actual	Variance
	£000s	£000s	£000s
Non-current assets	365,333	367,079	(1,746)
Current assets	167,914	146,770	21,144
Current liabilities - borrowings	(11,109)	(15,692)	4,583
Current liabilities - other	(109,462)	(79,167)	(30,295)
Total assets less current liabilities	412,676	418,991	(6,315)
Non-current liabilities - borrowings	(85,900)	(86,516)	616
Non-current liabilities - other	(5,980)	(628)	(5,352)
Total net assets employed	320,796	331,847	(11,051)

5.2 Capital

The Trust submitted a 2023-24 capital plan of £10.9m (£9.84m and £1.07m for the sale of London Road) in line with its allocation share based on depreciation plus £4.0m relating to International Financial Reporting Standards (IFRS) 16 leases.

Capital expenditure as at 29th February 2024 was £8.8m, which was behind plan by £1.1m. Projects are regularly reviewed with project managers and it is expected that the capital plan will be fully completed by 31st March 2024.

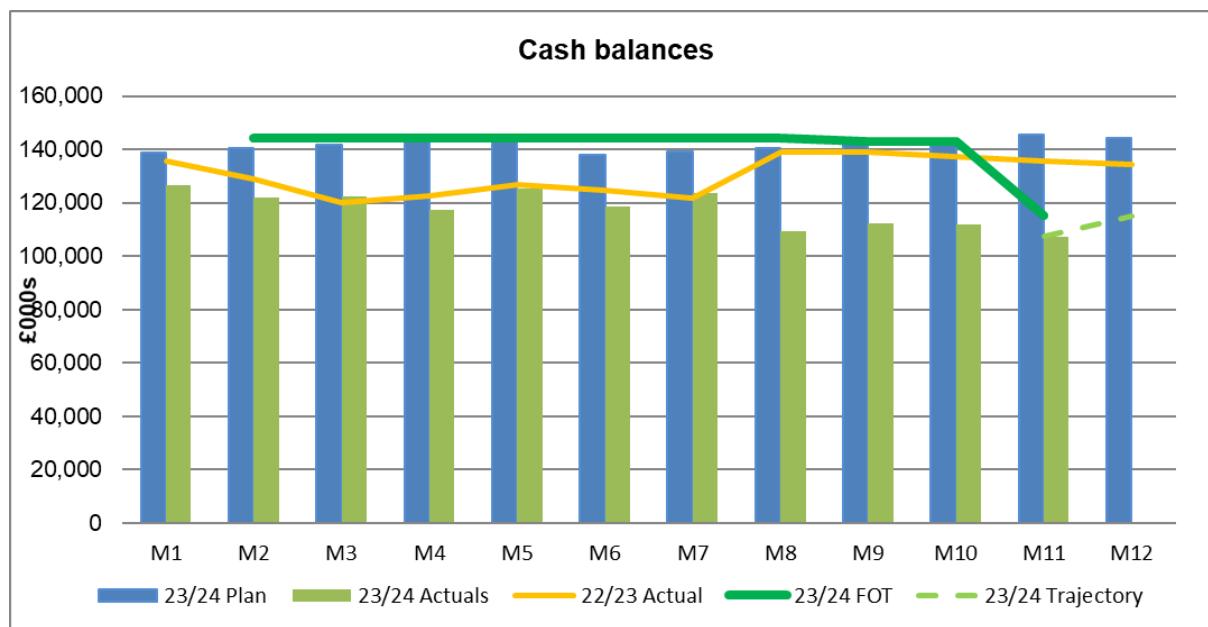
Additional PDC funding of £5.4m was agreed in February relating to Frontline Digitisation, eMHA & Gigabit Upgrades. Plans are in place to ensure this will be fully spent by 31st March 2024.



5.3 Cash

As at the end of February, the Trust's cash balance stands at £107.3m, a decrease of £4.6m from January. The cash balance is £27.3m lower than at the start of the financial year. The decrease is due to a number of factors:

- Reported deficit of £20.9m excluding balance sheet support.
- Capital expenditure and clearance of prior year payables.



5.4 Better Payment Practice Code (BPPC)

The Trust is signed up to the NHS commitment to improve its Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.

Overall, the Trust's BPPC is 86.4% by volume and 90.0% by value. The BPPC for non-NHS invoices is 86.8% by volume and 91.7% by value.

BPPC % of bills paid in target	Year to Date		
	Current Month %	Previous Month %	Movement %
Non NHS			
- By number	86.8%	86.1%	0.7%
- By value	91.7%	91.6%	0.1%
NHS			
- By number	73.0%	72.2%	0.8%
- By value	83.5%	82.1%	1.4%
Overall			
- By number	86.4%	85.7%	0.7%
- By value	90.0%	89.7%	0.3%

Performance against the target remains in line with the prior month. Work is ongoing to improve performance, this includes targeted action with budget holders and discussions with SBS on how they can support us to achieve the targets.

6 Conclusions

- 6.1 The Trust is reporting net surplus of £0.74m which is worse than plan by £3.7m. The adverse variance is mainly due to under delivery of Financial Viability, inpatients wards pressures, staffing levels above the planned establishments, agency medics, use of private sector beds, impact of IA and inflationary pressures.

7 Equalities

- 7.1 This paper has no direct impact on equalities

8 Financial Implications

- 8.1 These are as stated in this report.

9 Risk

- 9.1 NHS England (NHSE) risk rating is now under the new Segmentation framework. The Trust has been notified it is in Segment 1 (Maximum autonomy, minimum risk).

10 Actions Being Requested

- 10.1 The Board is asked to:
- a. **RECEIVE** and **NOTE** the report
 - b. **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required

